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EDITED BY

LUNSFORD P. YANDELL, M. D.,

PROFESSOR OF PHYSIOLOGY AND PATHOLOGICAL ANATOMY IN THE UNIVERSITY OF LOUISVILLE,

AND

THEODORE S. BELL, M. D.

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ART. I.—*Remarks on Cerebro-Spinal Meningitis,* as it prevailed in and near San Augustine, Texas, in the spring of 1852. Submitted to the Trustees and Medical Faculty of the University of Louisville, February 1st, 1853, for the degree of *Doctor of Medicine.* By ISAIAH J. ROBERTS, M. D.

This disease was confined to a comparatively small district of country, not extending over an area of more than twelve or fifteen square miles. It first made its appearance about the middle of March, and prevailed with great malignity until the last of May.

The previous winter had been noted for the great abundance of rain, as well as the extreme coldness of the weather for the climate. In the early part of the spring the changes were very sudden and extremely severe, the thermometer frequently falling twenty or thirty degrees in a few hours, and not unfrequently thirty or forty degrees

in the course of twenty-four hours; changes very unusual even in a climate where sudden changes of temperature are not unfrequent.

For several weeks previous to the appearance of the disease, there had been a prevalence of diarrhœa, which seemed to be epidemic in its character, very difficult to control by medicine, but not fatal. Whether there was any connection between the two diseases or not is not easy to determine, but very suddenly the complaint under consideration made its appearance, several cases occurring about the same time in the neighborhood, and the diarrhœa as suddenly subsided.

The mode of attack was very sudden in every case, the person appearing as well as usual, probably pursuing his daily avocation, until the very onset of the disease, when he would be stricken down, and was frequently almost senseless and motionless from the very commencement of the attack, requiring assistance, in many cases, to get to his bed or house, though he might have been but a short distance off at the time of the access of the disease; the patient walking with a peculiar staggering gait, as though he were under the influence of alcohol or some narcotic poison, and frequently being unable to walk at all without assistance.

The disease seemed to be confined to the most healthy, robust young persons, there having been but two or three instances of persons over eighteen years of age attacked by it, and generally they were under fifteen; and what is more extraordinary, there was not a single instance of the disease appearing in a female, though seemingly exposed to the same causes as the males, so far as epidemic influences were concerned; neither was there an instance of the disease occurring in negroes, who were probably more exposed to the vicissitudes of the weather than the whites.

The symptoms were very similar in every case; the commencement of the disease was with a chill, or state of

collapse, which generally lasted from six to twelve hours, and in some cases as long as twenty-four hours, during the continuance of which the patient was seized with the most intense pain in the head and upper part of the spinal column. In the midst of the chill there was generally some moisture on the surface of the body, especially the forehead, with a small feeble pulse and difficult breathing, a feeling of oppression in the chest, nausea and sometimes vomiting; some of the symptoms resembling very nearly those which occur in the common congestive fever, which frequently prevails in this section of the country. The patient generally complained of ringing in the ears, imperfect vision, objects appearing double or only half an object being seen, or in other cases every thing seeming surrounded by a mist; pupils of the eyes dilated; more or less deafness, and disinclination to speak or move; frequent exclamations of pain; some stupor, and when aroused the patient soon relapsing into the stupor again.

The chills were followed by febrile excitement, not generally very high, with difficulty of moving the extremities; soreness all over the body; pulse full and hard, from ninety to one hundred per minute, with strong determination to the head; throbbing of the carotid and temporal arteries, with increase of the pain in the head and upper part of the spinal column; attended by vertigo, delirium, and great restlessness; the tongue but little coated, but constant complaint of thirst, the patient not being able to be moved in bed or handled rudely, without feeling great pain. If the nausea and vomiting did not occur during the chill, they commenced in almost all cases within the first twenty-four or forty-eight hours after the development of fever, attended by soreness on pressure over the epigastrium; prehension difficult, it being with the utmost difficulty, in many cases, that the patient could take a glass and drink water unassisted.

In some cases there were involuntary twitchings of the

muscles, when the patient attempted to move or seize hold of anything, as if under the influence of strychnia; retraction of the head, owing to the contraction and rigidity of the muscles of the neck. To such an extent was this rigidity of the muscles of the neck carried, in some cases, that by taking hold of the pillow by the ends and raising it up, the whole body of the patient might be raised without bending the neck. Great difficulty, and in some cases entire inability, to turn the head from side to side; soon after the development of fever, the pupils of the eyes, instead of being dilated as during the chill, became contracted and irritable to the light, attended with ringing in the ears.

As is usual on the appearance of a new epidemic, or form of disease, there was a difference of opinion with the physicians as to the cause and nature of the complaint, which led to different modes of treatment. Some believing the disease to be a form of congestive fever, malignant in its character and principally affecting the brain, treated it as such by bleeding, in some instances followed by tonics and stimulants, such as large doses of quinine, camphor, opium, cayenne pepper, brandy, etc., with stimulating applications externally applied. In some cases the stimulant course of treatment was commenced without the bleeding, but under this treatment the patients survived but a short time, violent reaction taking place which soon produced such results as destroyed life.

That the disease was not of the nature of congestive fever appears sufficiently evident from its course, there having been no instance of the chill returning after entire reaction had taken place, with development of fever, as would invariably have been the case in congestive fever, unless arrested by the appropriate treatment.—That there was active congestion of the brain, in the early stage of the disease there can be no doubt, but not such as belongs to congestive fever.

The disease did not appear to be much influenced by treatment, the result being the same—the death of the patient. The most marked difference was that the patients who were actively depleted in the early stage lived longer than those that were not, the cases in which depletion was not resorted to frequently terminating fatally in from four to eight days, while those patients who were actively depleted in the early stage lived generally twelve, fifteen, or twenty days, but eventually died. So fatal did the disease prove, that there was but a single instance of recovery out of twelve or fifteen cases.

The most rational treatment, and that which appeared to afford most relief, was the application of warmth externally, mustard plasters to the extremities and spine, warm pediluvia of mustard, frictions, etc., and after sufficient reaction had taken place to abstract blood, both generally and locally, from the temples and spine. So soon did reaction take place, after the first bleeding, in many instances, that a repetition of the process was called for in a few hours, and in such cases cold water appeared to afford relief; it was kept constantly applied, after the development of fever, either by pouring it in a small stream upon the head, or by using cloths dipped in cold water and applied frequently to the forehead.

In most cases venesection had to be frequently repeated, reaction soon taking place after each bleeding, the pulse becoming full and hard, with increase of the pain in the head and spine, and also increased restlessness and delirium. In the only case of recovery from the disease, the patient was bled two hundred ounces in the first two or three days; he was a young man, of full habit, seventeen years of age.

A solution of tartar emetic was exhibited, when the stomach would tolerate it, and in such doses as could be borne without producing too much nausea and vomiting. In most of the cases there was more or less nausea and

vomiting from the disease, so that the tartar emetic could not be given regularly. Calomel was generally given, either alone, or in combination with the compound extract of colocynth, and in such doses in the early stage of the disease as to produce free purging. The calomel was continued in most cases until it produced ptyalism, after which the bowels were regulated by compound extract of colocynth, castor oil or salts. The constitutional effects of mercury were easily induced in most cases, but the disease did not appear to be arrested or much affected by ptyalism.

After reducing the system by general and local depletion, blisters were applied to the back of the neck and along the spine, sometimes its entire length, and kept running by irritating dressings. The tongue was seldom much coated at any stage of the disease, but was generally dry, the patient complaining of constant thirst. The diet, in the early stage, consisted of the lightest farinaceous articles, as rice, arrow-root and tapioca, but later in the disease more nourishing diet was administered.

Opium and morphine were tried in a few cases, but without any good result; they rather increased the stupor without relieving the pain and restlessness.

During the early stage of the disease the pupils of the eyes remained contracted and irritable to the light, the head retracted, the muscles of the neck and spine rigid, with inability to turn the head from side to side; intense pain in the head, inclination to sleep a great deal, with some stupor; throbbing of the carotids and temporal arteries; some rigidity of the muscles of the extremities, with a seeming inability to control their movements; great complaint on being moved or turned in bed; no appetite; continual thirst; pulse hard and quick, from one hundred to one hundred and twenty per minute. But generally, if the patient survived the second week, the pain in the head, which had been incessant, subsided; the pupils of

the eyes, instead of continuing contracted as they had been during the previous course of the disease, became dilated and insensible to the light; the patient grew more stupid, semi-comatose, complaining of nothing, and apparently unconscious of any thing that was transpiring around him; the pulse became more slow and oppressed, slower in some cases than in health, although it had been as high as one hundred and twenty or more per minute. In some cases the patient on being moved manifested a disposition to spasm; in some cases there was difficulty in urinating, but only occasionally involuntary discharges of urine or fæces.

From this stage the patient gradually declined, the rigidity of the muscles of the neck and extremities continuing or increasing, the patient becoming completely comatose, unable to swallow or speak, living ten or fifteen days in some instances; the pulse becoming more slow and feeble, and the patient dying with symptoms of effusion on the brain, which no doubt was the case; but there was no opportunity to verify the fact by a post mortem inspection.

ART. II.—*Milk-Sickness; its Etiology and Treatment.* Submitted to the Trustees and Medical Faculty of the University of Louisville, Feb. 1st, 1853, for the degree of Doctor of Medicine. By SAMUEL W. THOMPSON, M. D., of Albion, Illinois.

Before proceeding to give an account of the symptoms generally or invariably accompanying and therefore constituting this disease, and of the various modes of treatment pursued by those who have written upon it, I will give a short topographical sketch of the county in which I reside, and also a list of the districts in said county, where milk-sickness prevails during the autumn,

which is the only time I have ever seen a case of the disease, although it is more than probable it occasionally does occur at other periods.

Topographical sketch of Edwards County, Illinois.—Albion, the county seat, is situated upon the water-shed or dividing ridge, between the Big Wabash river on the East, and the Little Wabash on the West. Along the eastern edge of the county runs the Bonpas creek, which empties into the Big Wabash at the south-eastern angle, or line between Edwards and Wabash counties. The ridges to the east of the town, incline from N. W. to S. S. E., so that all the water from this part of the county is taken into the Bonpas creek, and thence to the Big Wabash. Both the above streams have extensive bottom or overflown lands, varying in width from four hundred yards to two, three, or even four miles.

There is also an extensive tract of low, flat ground, about half way between Albion and the streams above spoken of, and which from its peculiar situation, without any proper outlet for drainage, is always wet and damp. It is in the immediate vicinity of this tract and of the before mentioned streams, that we see milk-sickness when such occurs in the eastern part of the county, which, however, is comparatively rare.

The northern part of the county is, with the exception of the prairie land, more broken than any other portion; the ridges running from N. E. to S. S. W., the two sets meeting towards their heads, and thus forming a continuation northward of the water-shed. Milk-sickness is hardly known at all in these hills, except a very rare case in the close vicinity of Sugar or Village creek, both of which arise here.

To the western and north western part of the county, the land, taking Albion as the starting point, is first gent-

ly undulating, then becoming flat as it gets further towards Village creek and the Little Wabash river.

These streams each have extensive bottom lands which are overflown to a considerable depth every freshet. These lands are terminated suddenly by high bluffs. Now from a very common, but nevertheless erroneous idea, that because *low* grounds are frequently unhealthy, therefore *high* grounds must be healthy, even when in the close vicinity of unhealthy spots, the settlers have chosen these bluffs to build upon, and we are always certain to see milk-sickness in its most severe forms amongst those dwelling in this region.

The land in the south-western part of the county is rolling, with only an occasional small creek, until we get to the Little Wabash where it is again level and subject to occasional visitations of milk-sickness.

In the south and south-east the general aspect of the county does not materially differ from the previous portion, and therefore will not need a separate description.

The general character of the soil is clay, except in the prairies and bottom lands; in the former the soil is a rich black mould for a depth varying from nine inches to several feet. In the bottoms the soil is a rich black mould much mixed with portions of half decayed vegetation, as can be plainly seen by turning up the ground, when portions of half rotten twigs, roots and leaves can be found at a depth of several feet below the surface. The timber is mostly black and white oak, hickory and sweet gum, and water and laurel oak in the bottoms.

It will be seen from the above that where milk-sickness prevails, there are either creek or river bottoms in close proximity, or else low grounds interspersed with what Dr. Drake particularly mentions as being abundant in the regions where the disease originates, viz, "slashes or wet places." Dr. Drake states in his "Memoir on Milk-

sickness," that the disease *does not* originate in the flats and overflowed lands, but in the "Elm slashes in the heavily timbered oak lands." But this I am disposed to doubt, as cattle that range exclusively in the overflowed lands and low parts of the praries on the borders of creeks are, as far as my own observation and that of others goes, most subject to the disease; and that persons residing in such neighborhoods are likewise more subject to it than those who reside on high grounds entirely away from such districts, as will be seen by referring to the sketch given above, in which it is stated that in the vicinity of Village creek and the Little Wabash, milk-sickness is of common occurrence, and that both of these streams have bottoms and low grounds on each side that are overflowed by the summer freshets; whilst on the other hand, in the northern part of the county, where there is comparatively no low grounds, milk-sickness is almost unknown. In riding through these bottom lands in the vicinity of the Little Wabash in the night time during the autumn, the smells arising from them are most offensive and sickening; one in particular I have frequently noticed. I believe I can give the best idea of it by comparing it to the odor of half rotten cucumbers, and whenever this peculiar smell is very prevalent, we expect to have sickness, and more especially milk-sickness; not because there is any evidence that this peculiar vapour or smell has anything particularly to do with the disease in question, but because we consider it as a sure indication of decaying vegetation, and therefore as testimony in itself that along with this decaying vegetation, bad or malarious vapors arise, which as I presently shall show, is most probably the true cause of milk-sickness.

In the report of the Chairman of the Committee on Practical Medicine of the Illinois State Med. Society, for 1850, it is remarked: "Of the localities of milk-sickness or trembles our information is pretty definite. Dr. Drake

limits it to the white elm slashes in oak flats. Dr. Banks, formerly of Lawrenceville, in a letter to the Committee, says, 'There never has been any amount of it in Lawrence county; still a few cases have occurred in the extreme northern portion, in the clay ridges joining Crawford county, and including, from the Wabash to the Embarrass rivers; then south of Lawrenceville, in the clay, black and white oak ridges, it has been troublesome to a limited extent, and extending in small patches only, as far as Raccoon creek which divides Lawrence from Wabash county.' The general soil of Lawrence county is stated to be chiefly gravelly sand in the ridges. The general diseases to be Intermittent and Remittent, and Congestive fevers, of various grades." I would here remark, in passing, that both the Wabash and Embarrass rivers, spoken of above, and between which milk-sickness is said chiefly to occur in Lawrence county, have each very extensively overflowed lands in this part of their course.

Dr. Drake, in his memoir referred to, says, that the most plausible and probable opinion is that the disease is caused by some peculiar vegetable that the beast eats: (and therefore that man cannot contract the disease without the agency of the beast.) He inclines to the opinion that the Rhus toxicodendron is *the plant*, and quotes several cases that seem to favor this opinion. But there is a fact which is hardly consistent with this hypothesis, viz., that there is so much diversity of opinion as to what the plant is that causes all the mischief. Some thinking it is due to Dr. Drake's favorite, some to the Eupatorium ageratoides, others to the Bignona capreolata, and others again to some of the Fungi. Now this diversity of opinion could hardly exist if either of the above named articles were the cause, for in that case it would be an easy matter to test it in such a manner as to remove all doubt; but there is another circumstance which I con-

sider fatal to this theory; it is this: That instances have occurred in which it was perfectly demonstrable that it could not have originated in this way, examples of which I shall presently give. But one of the arguments urged by Dr. Drake against the Bignona capreolata being the cause of the disease, viz: "That other plants known to be virulent grow in and about the same places and intermingled with the Bignona," will apply with equal force to the Rhus; for we should certainly expect that if it were the cause, we should find the disease to originate wherever this cause existed. Yet Dr. Drake says that the disease "originates in the elm slashes," although the Rhus toxicodendron grows without distinction in all parts of our forests.

The same remark applies equally to the mineral origin of the disease, for if it is dependent upon any peculiar mineral, such mineral should produce the disease wherever found; and where the disease is present, the same mineral, be it arsenic, cobalt, or any other, should always be present. But this is by no means the case, for in Dr. Drake's pamphlet above referred to, it is stated, "That in the pools or slashes where the milk-sickness is said to originate, no special mineral has been discovered by analysis." Again; if produced by a mineral, how is it that we have the disease in Illinois where the soil is quite different from what it is in the military district of Ohio? But can we suppose it possible for any poison either vegetable or mineral to be so extensively disseminated throughout the animal tissues, that it would produce the symptoms peculiar to this poison in any animal that may have tasted the flesh or drank of the milk, in ever so small a quantity, from a beast which may have died with the disease in question? Or that the cow whilst giving the disease to those using her milk can herself remain intact, so long as she has the milk regularly taken from her?

Yet such is one of the chief grounds upon which the theory of its animal origin is based. But if we were to admit the possibility of such extensive dissemination we are still no nearer the true cause, for we have many undoubted instances of cattle having contracted the disease in the fall, whilst feeding in a low swampy piece of meadow where they could not have got it from any mineral contained in the water, as they were supplied with this article from the same well that the family had used all through the year and yet were never troubled with the disease until the fall. This objection lies equally against the assertion that stock ranging out in the woods or prairies contract the disease from the mineral contained in the water or deposited upon the leaves by the heavy dews, for is it possible that the noxious article could lie dormant during the greater part of the year and only be found in the low grounds along creeks and ponds in the fall? In a pamphlet published some years ago by Dr. Seaton, he states that the disease is produced by arsenic which becomes mixed with the waters of White river in the district of which he speaks; but unfortunately for this theory, there is but one compound or preparation of arsenic (arsenious acid) which is at all soluble in water, and this compound can only be obtained by the agency of heat. Yet Dr. S. seems to think it is washed down from the hills in the neighborhood of this stream, in the form of white iron pyrites; but it would be the height of folly to suppose that there could be a sufficient quantity of it washed down to contaminate, even were this compound soluble, the whole of the waters of a stream as large as White river, and its effects extend no farther. But again we have milk-sickness where there is no iron pyrites, and where arsenic was never suspected to exist.

There are many facts which seem to point to its animal origin, which it is impossible in the present state of our knowledge to controvert, but nevertheless a large pro-

portion of them can be more philosophically and satisfactorily accounted for by the theory of malaria being the cause of the disease; and those not explained upon this hypothesis must remain still enveloped in uncertainty, at least until new facts are elicited upon the subject.

As the two theories of its animal and malarious origin are closely connected in many of the facts that are generally brought forward in support of either, I shall prefer to consider them together; and if I prove that milk-sickness can and does occur in any instance without the agency of any of the causes usually designated as "animal," then we should certainly be justified, in the absence of any better substantiated theory, in attributing it to "malaria."

The advocates of the animal etiology of the disease assert that hogs, dogs, &c., as well as human beings, have been attacked by it immediately after having eaten part of the flesh of a beast dead from the trembles, when, so far as they were aware, the animals eating such meat had been subject to no malarious influences.

To this I would reply, that such animals may have been subject to such influences unknown to those recording the facts; the disease has not therefore manifested itself until the additional depressing influences of the unwholesome food from the diseased beast, has acted like the spark to a train of gunpowder, and at once caused all the untoward symptoms; just as we know that during the prevalence of cholera, a person may be, to all appearances, quite well, until he eats something, that under ordinary circumstances might produce no bad effects, but acting upon a system already weakened by the prevalent morbid cause, cholera is at once developed. But we are asked why at this particular season is milk-sickness more manifested than other diseases, in certain districts? For the same reason that during the prevalence of cholera, all other diseases are disposed to assume its livery; so

the peculiar malarious influences that I suppose to give rise to milk-sickness being prevalent, all other diseases are disposed to assume this type. But again; it is against all we know of the symptoms of this disease, to suppose that the meat alone could immediately produce it, for in all cases, or at least nearly all, authentically recorded we find more or less of the usual preliminary, or rather premonitory symptoms present; viz: great muscular debility, or an unwillingness to make any great exertion, &c., &c. These symptoms last from a few hours to as many days, and are only signs of a depressed condition of the nervous system, and are sometimes so trivial as to be unnoticed by the patient whose attention may be first seriously excited by the great prostration which comes on, and is usually, sooner or later, succeeded by nausea, &c., which I consider partly as evidence of a farther prostration of the vital powers.

We will now examine into the assertion that milk-sickness is sometimes seen without the possibility of its being received through the agency of the beast, in the shape of beef, butter, milk, &c., &c.; and as the best proof that such is the case, I will quote the following, which has come under my own observation, and for the truth of which I can therefore vouch. I. B., living in a malarious district (close to the Village creek) was subject, some ten or fifteen years ago, to periodical attacks of milk-sickness, as were also his whole family. The time of year at which this occurred, was always in the fall; at the same time of year he generally lost a good many of his cattle from "trembles." About ten years ago he fancied that he and his family contracted the disease from using beef, butter, milk, and cheese. (He never lost any other kind of stock than his cattle). From that time until within the last two years, the whole family abstained entirely from the use of any of the articles named above, or indeed of anything belonging to cattle; yet they con-

tinued to be attacked, every fall, with milk-sickness to fully as great an extent as previously. About two years ago they again took to using beef, &c., and since that time they have scarcely had a case of the disease in the house, owing, I consider, to the fact of a wet swampy piece of ground in the immediate vicinity having been cleared and drained during that time; and also owing partly, no doubt, to the fact that their systems were in a more vigorous tone from the use of animal diet, and thus less likely to become deranged by miasmatic influences.

Another family living in the same neighborhood, in which beef was used all through the year, were not any more subject to the disease than the previous one, yet they lived in quite as unhealthy a locality. The following will illustrate this: U. B., living in this region, had the disease in his family every fall, owing, I suppose, to his house being situated in a flat below the common level of the farm. About three years ago, his physician, Dr. S. Toompson, advised him to move his house to a higher part of his farm in the prairie. He did so, and since that time he has not had a case of milk-sickness in his house, although his cattle continue to use the same pastures as formerly, and the family to use the beef, butter, &c., as before. I could mention many other instances to the same effect, but think it unnecessary, for it seems to me, that these point so strongly to its malarious, or at least, to some other than its animal, vegetable, or mineral origin, that it is useless to multiply examples. I would merely add that U. B. continues to lose his cattle from trembles as often as he did before he moved, for they resort to the same range. To say, as some do, that miasmatic exhalations cannot be the cause, for the reason that it occasionally shows itself as it were sporadically, and then disappears when the cattle are put in tame pastures, or their milk is no longer used, is just about as philosophical as to say remittent fever is not caused by malaria, be-

cause it will sometimes show itself once in a locality, and then leave it never again to return. It is true we cannot account for all the seemingly contradictory facts said to have been observed in reference to milk-sickness, upon the supposition of its malarious origin; but I believe that a greater number of them have been satifactorily explained on this hypothesis than can be on any other.

We should also take into consideralion the fact, that many of the phenomena said to have been noticed, and upon which some of the various theories of its origin are based, are unworthy of credence, having been observed by those who were incompetent to draw just deductions therefrom, and also that many of them have only been recorded from the memory of the narrator.

Although it is an object of interest to know the exact and true etiology of milk-sickness, yet the treatment is not so much influenced by it as might be expected; but we should nevertheless spare no pains to arrive at just conclusions upon this point, and in order to assist us in this, we must turn to the pathological conditions present. But these pathological appearances can only be arrived at by repeated and careful post-mortem examinations, and here, I am sorry to say, that our authority, up to the present time, is deficient both in quantity and quality.—Such as we have, however, seems clearly to indicate a state of inflammation of the gastro-duodenal mucous membrane, and the symptoms present during the disease, would likewise lead us to the supposition that such was the case; but we should be careful how far in our diagnosis and treatment of the disease, we trust to the morbid appearances manifested after death, as we know that a mucous membrane will sometimes receive an inflammatory tint merely from a post-mortem sanguineous congestion.

We will next proceed to the *symptoms* of milk-sickness, which are very properly divided into those which are first

present but very often unnoticed by the patient, and those which the physician has chiefly to deal with. The first symptoms consist of lassitude, a sense of burning and weight at the pit of the stomach; an inability to make any exertion without feeling greatly prostrated. The bowels are usually more or less costive for several days. Sometimes these symptoms do not appear, or I should rather say, are not noticed by the patient, for I believe they are always more or less present. After this state of things has continued for a time varying from one to several days, and sometimes for several weeks, it is followed in most cases by excessive nausea and vomiting. There are also muscular tremors; hence one name of the disease. The matter ejected from the stomach contains, at first, a little bile, but this soon ceases, and the patient brings up whatever is taken into this organ, mixed with dirty looking mucus, which hangs from the patient's mouth in long strings like frogs' spawn. Sometimes it is dark green, almost blue. The sense of burning and weight at the pit of the stomach is present all the time. The pulse is usually from 90 to 100, not varying much from day to day. The renal secretion does not appear to be much affected; but one of the worst symptoms is an obstinate constipation of the bowels, which is often rebellious to every ordinary purgative.

Great thirst and continual craving after cold drinks, and an inability to retain them when given, are among the most distressing symptoms. The tongue is covered with a white fur, and trembles whenever an effort is made to protrude it. Headache is a very constant accompaniment.

In some severe cases, especially towards their close, there is enormous action of the heart. In the Cyclopedia of Practical Medicine, vol. 2, page 196, we find the following in regard to milk-sickness: "The heart beats with such violence in some cases as to excite horror in

the physician and bystanders. When they lay the hand upon the patient's breast, it seems to labor convulsively as though it were clogged in its action by a superabundance of blood. The patient feels nothing that he can strictly call pain, but the sense of heat at the stomach, the oppression, palpitation of the heart, and the violent efforts to vomit, constitute an extreme degree of distress." There is usually no peritoneal tenderness.

Treatment. The first indication in the treatment of this disease is to allay the vomiting, in order to enable the patient to keep medicine on the stomach sufficiently long to produce their several effects; but in fulfilling this indication we should, as nearly as possible, give remedies that would at the same time reduce the existing inflammation of the gastro mucous membrane, and also to remove the obstinate constipation. Some practitioners believe that the different indications are to be fulfilled by the administration of alcoholic stimulants, and thus at the same time bring on reaction and warmth, and support the sinking powers of life. But it seems to me from the general results of this mode of treatment, and from the appearances exhibited in all the recorded autopsies, that the administration of such remedies must be based upon an erroneous view of the pathology of the disease, for their obvious effects are to increase the irritation and inflammation of the stomach, if such exist; and the symptoms that have been previously stated, viz., the burning sensation at the pit of the stomach, the inability to retain anything in this organ, the insatiable thirst without heat of surface, all tend strongly to show that this state is actually present.

In a communication upon Milk-sickness, addressed to my father by Dr. J. M. Logan, of Palestine, Ill., he quotes the following case: "October 24th, 1847, called to see P. C., supposed to have milk-sickness. Symptoms—great prostration; tremor of the muscles; violent vomit-

ing every twenty minutes; bowels had been constipated for several days; action of the heart terrific; pulse slightly accelerated and smaller than natural; surface generally cold; no soreness or pain discoverable; great restlessness." The chief treatment in this case consisted of calomel, opium and whisky, with salts and senna to open the bowels, followed by injections for the same purpose. Towards the last, when the patient was rapidly sinking, qninine and carbonate of ammonia were given in addition. Now it seems to me that the administration of whisky was not called for in this case, when we consider the symptoms of gastric derangement that were present. It is true there was an extreme degree of nervous weakness, as was made manifest by the muscular twitching and excited action of the heart. Remedies were also imperatively called for to restore warmth to the surface, but would not these ends have been better accomplished by the exhibition of small doses of calomel and bi-carbonate of soda to correct the acidity and quiet and reduce the irritation of the stomach, while at the same time we might give some of the various preparations of opium or, better still, the aqua camphoræ, and small doses of the bi-carbonate of ammonia. We must be cautious in our exhibition of opium, so as not to increase the constipation and torpor of the lower bowel, for so long as this exists all our other remedies will be comparatively useless; whilst, on the other hand, we often find that so soon as we can produce a copious alvine evacuation, all the other symptoms appear at once to be mitigated. It is also important to excite diaphoresis; we shall thus remove the chief cause of the morbidly increased action of the heart, and along with the removal of the cause, the symptoms will likewise disappear. We shall also prevent that state of collapse which is so likely to occur when the surface is suffered to continue cold. We are somewhat restricted in our use of Dover's powder, one of the best diaphoretics we have, for there is some

danger of the ipecac contained in it increasing the nausea and vomiting; we must therefore depend chiefly upon some others of this class of remedies, among which the spiritus mindereri and aqua camphoræ are the best. If the symptoms imperatively call for stimulants, I should be disposed to try the latter article, which is not unpleasant to the patient, with small but repeated doses of the bicarbonate of ammonia. Another medicine which I have never seen tried, but which from its tendency to arrest vomiting in cholera might act in the same way in milk-sickness, is Dr. Stevens' saline mixture. In attempting to allay the gastric and nervous excitability, let us not for a moment forget the all important indication of opening the bowels, as the natural outlet to the secretions; for in spite of our utmost exertions, if this is neglected, the case will most likely terminate fatally; and as I have before said, if we succeed in producing free catharsis, the patient immediately begins to improve, although previously he appeared to be in an utterly hopeless condition. In the report of the Committee on Practical Medicine of the Illinois State Medical Society, we find the following on milk-sickness supplied by the chairman, Dr. Samuel Thompson. After stating the symptoms, he says of the treatment: "The indication then appears to be to open the bowels as the outlet to the secretions of the body, increased activity of which are called for in order to remove the morbid cause, be it animal or gaseous. The difficulty in the treatment is to find medicines which can be retained long enough to have time to act. I have long been of the opinion that calomel produces its effects upon the system, only in virtue of its being absorbed into the circulation. I therefore quickly caught at the recommendation of some writer to give calomel combined with chloride of sodium. This I have found is nearly always retained and acts promptly and effectually; if necessary cream of tartar, ad libitum, is given afterwards. The calomel and salt are

best given by placing them on the tongue and washing them down with water. To correct the acidity of the stomach, and because I find it gives great relief, I give bi-carbonate of soda in doses of one drachm every three or four hours, and when the constipation is removed, I give quinine, calomel and morphia." The treatment above indicated is that which I have generally seen pursued, and in most cases it has been attended with entire success.

ART. III.—*Cases of Disease observed in the Hospitals of Paris*
By ELKANAH WILLIAMS. M. D., of Cincinnati.

CASE 1—*Inguinial Hernia, complicated with protrusion of the bladder.*—About the middle of January, a man entered the service of M. Roux, at Hotel Dieu, with strangulated hernia. It was congenital inguinal hernia of the right side. The patient previous to the age of 21 years had never worn any apparatus to keep it reduced. After that time he procured some kind of a bandage which, however, did not retain the intestines in the abdomen. For four days previous to entering the hospital, he had been laboring under urgent symptoms of strangulation—repeated attempts at taxis having failed. When M. Roux first saw him, the tumor was very large, and the patient in a very grave condition; so he at once decided upon an operation, considering the case one of ordinary hernia. The first part of the operation was very simple—soon he reached the strangulated portion of intestine, divided the stricture and returned it. In the lower and internal part of the sac, however, was then seen a tumor of considerable size with a smooth and polished surface, and some small granular deposits of adipose tissue, which he took for the epiploon. In passing the finger around the base of it, there seemed to be no adhesions. He attempted to reduce it and, in part, suc-

ceeded. As soon as the finger abandoned the reduced portion it at once reprotruded. More fully satisfied than ever, that it was omentum, he concluded to *excise* it. He commenced by cautiously *paring* off a small part at a time; at length an opening was made through which suddenly gushed a quantity of *urine!* Then for the first time he saw that it was a cystocele and that he had opened the bladder. He immediately closed up the small wound he had made, and applied the usual dressings. During the day the patient had one or two evacuations from the bowels; still the symptoms of strangulation persisted, and the patient died twenty-six hours after the operation. On post-mortem examination it was found that, at least, *half* the *bladder* protruded into the hernial sac. It seems most probable that the bladder had been thus protruded for many years by the side of the hernial portion of intestine, without giving rise to any symptoms. Indeed, M. Roux never once thought of the bladder till he had punctured it and saw the discharge of urine, and says it is the first case of hernia with this complication that he had ever seen. In an account of this operation which he published in the "Gazette des Hopitaux," he says—"While I am cheerful to avow my mistake, I must add that I do not think it had any influence on the result of the case." The extreme rarity of this complication of inguinal hernia and the mistaken diagnosis by this distinguished surgeon, invest the case with very great interest. M. Roux is one of the most beautiful operators that I have ever seen; besides he is a candid, honest, and exceedingly pleasant man. He has, perhaps, performed more capital operations than any surgeon in Europe.—Although over sixty years of age, his hand is perfectly steady, and he uses the knife with astonishing accuracy and rapidity.

Case 2.—*Operation for producing obliteration of the Vagina.*—A woman aged twenty-three, entered the hos

pital Cochin, on the 12th ult.; in the service of M. Maisonneuve, five months ago, she was confined, and the labor was exceedingly difficult. At the end of five days, I believe, she was delivered of a dead fœtus, by means of the forceps. Severe inflammation and extensive sloughing followed; and she was left with an enormous vesico-vaginal and recto-vaginal fistula. The whole of the urine and feces passed out involuntarily through the vagina, than which no infirmity could be more horrible. The case was not remediable by any of the ordinary operations for vesico-vaginal fistulas. Some years ago, M. Vidal de Cassis suggested the idea of obliterating the vagina in cases of incurable fistulas of this sort. Several attempts at different times were made by cauterization, &c., &c., but without success. It seemed that surgery could not obliterate the vagina; although nature herself, sometimes, does it in spite of the surgeon. Some three years since M. Maisonneuve attempted it by the following operation. He incised the mucous membrane around the outlet of the vagina, dissected it up with the sub-mucous cellular tissue some 1½ or 2 inches along the vagina—so that he thus had as it were a loose sleeve of mucous membrane hanging loosely in this canal. He then attached the sides of the free end of this sleeve with a peculiar suture, pushed it up, as you would invaginate the finger of a glove, and then brought the denuded sides of the outlet of the vagina together by the quill suture passed deeply through the vulva. The parts united by the first intention—but unfortunately there was no outlet for the urine—the urethra having previously become obliterated. In order to produce an artificial urethra, to terminate in the rectum, so that she might have voluntary control over the discharge of the urine, he made a uncture through the perineum from within the sphincter ani to the bladder. The patient died from the effects of this puncture; but *died*, as the patients of French surgeons often do, *cured!* En-

couraged by his success in that instance, he resolved to try it again in this case, and operated the 12th inst. After dissecting up the mucous coat as before, he united the outlet of the loose sleeve with a suture so arranged, that when this cul de sac, thus formed, was pushed up into the vagina its *mucous surface*, exclusively, presented upwards so as to come in contact with the fecal matters and urine. He then brought the denuded walls of the outlet of the vagina together with the quill suture—one quill placed antero-posteriorly along the base of the labiæ, leaving the urethra and meatus urinarius free.

May 17. Patient has rested comfortably since the operation; some feces have passed by the rectum. On removing the sutures, the wound partially opened, and the fecal matters passed again in considerable quantities by the vagina. Through a sound introduced into the bladder, the same mixture of urine and fecal matter passed. Hence it appears that the presence of *urine* in the *rectum* or *feces* in the *bladder* does not produce *serious irritation*, as this woman felt no inconvenience from it. By means of compresses and the bandage he confined the sides of the vaginal outlet firmly together after removing the sutures, and this treatment is still continued. Whether the operation will succeed fully or not, I can not say. I see nothing in the nature of the case to forbid it; I will give you the result at some future time. It is necessary to state that in this woman the whole of the basfond of the bladder had been destroyed by the sloughing, so that the opening between it and the vagina is enormous; likewise at least half of the anterior wall of rectum for 2 or 2½ inches is destroyed. The usual operation for vesico-vaginal fistula, by paring the edges and uniting by sutures, could only be effected by dissecting the bladder loose from the surrounding pelvic walls to a large extent. The contraction of the cicatrix thus formed around the bladder would inevitably tear open again the

fistula even if it united favorably in the first place. Besides, the cavity of the bladder is very greatly contracted—not capable of holding, perhaps, over an ounce or two of urine. To unite the recto-vaginal fistula in the usual way, would be to produce an unmanageable stricture of the rectum. Hence no other course was left but to attempt the obliteration of the vagina, or leave the poor woman with the loathsome infirmity of the constant discharge of all the urine and feces by this outlet. If the operation succeeds, the woman will have control over the discharge of these excretions, and that is what she desires above all other considerations. This is a new and simple operation which may be susceptible of valuable application in such incurable cases.

CASE 3.—*Chronic Farcy.*—On the 2th of April, 1853, there entered the Hospital of the Faculty a man aged 42, occupation, coach driver. For several days previous to the commencement of his disease, he had been employed in the stable of a veterinary surgeon, where there was a horse affected with *glanders*. On the 10th February, after a severe day's labor, he began to experience pain in the back and limbs, lassitude and headache, followed, in a few hours, by an attack of shivering, which was repeated several times in the course of the ensuing 24 hours. He, however, did not abandon his work. Some five days afterwards, this feeling of general "malaise" and loss of appetite persisting, he felt pain and soreness in the inferior external part of the left thigh, also, in the same leg, a few inches below the knee. A physician was consulted, who supposed the disease to be rheumatism, and ordered a small blister over each of the painful points; temporary relief only was the result of this application. In a few days acute pain was developed in the bottom of the left foot, which was so much aggravated by the pressure of walking that he was, for the first time, compelled to quit his work.

The sensation of extreme weariness, the general muscular soreness and loss of appetite still continued; worse one day and better the next, but never entirely disappearing. On the 1st March, the same kind of *circumscribed pain and tenderness* was felt in the calf of the right leg, the middle, anterior part of the thigh and on the outside of the corresponding arm. His sufferings and general indisposition augmenting from day to day, he was compelled to enter the hospital for surgical aid on the 8th April. By a slight examination an abscess was detected in the bottom of the left foot, which, being punctured, gave issue to a considerable quantity of thin sanious pus. The following day M. Nélaton, the surgeon in chief of the hospital, discovered five other abscesses, occupying the points designated by the patient as being the seats of the previous sufferings. The skin immediately over these purulent collections was perfectly natural, and pressure produced only slight suffering; in short, they presented all the appearances of chronic or cold abscesses. The fact of the patient's having been exposed in the stable to the contagion of glanders, combined with the history and actual condition of the case, induced M. Nélaton to pronounce the disease chronic farcy. To render the diagnosis, however, more certain, he inoculated a venerable old ass with some of the pus of one of these collections. But the unfortunate animal *died of famine* before sufficient time had elapsed for the development of the disease, and thus was deprived of the honor of falling a *martyr to science!* No other experiment was made.

As to treatment, the patient was put upon nourishing broths, wine and tonics, of which the sulphate of quinine was the most important. The abscesses were punctured one by one, at intervals of one or two days, with a narrow bistoury, and injected with tincture of iodine.

April 13. Patient's general sufferings somewhat diminished; he sleeps well, and has not the appearance of be-

ing very profoundly ill; appetite still wanting, and there is some pain in the region of the abscesses on the outside of the right leg.

April 15. Constitutional symptoms rather better. All the abscesses but one have been punctured, and discharged a thin sanious pus; are daily injected with iodine. General treatment same, with addition of tincture of aconite in small doses.

April 18. Yesterday evening erysipelas attacked the right leg and foot, and he has suffered considerably during past night. The foot and leg, as far as knee, are somewhat swollen, and œdematous, integuments red. A seropurulent fluid continues to be discharged from the cavities of all the abscesses, in considerable quantities.

April 22. Elevated position and emollients have relieved the erysipelas. Condition of patient in other respects more unfavorable.

April 27. But little change in the case; no new abscesses have appeared, but the original ones continue to discharge large quantities of unhealthy pus. It seems impossible to produce adhesive inflammation and obliteration of the sacs by the injections.

May 2. This morning the patient is much exhausted; features contracted and anxious; tongue dry, with a brown coat in the middle; some sordes upon the teeth; pulse extremely frequent and feeble; skin dry; appetite entirely gone. He complains of very great *soreness of the throat, and his voice is reduced to a whisper.* Several new abscesses have appeared upon the arms. On the back of each hand is a circumscribed swelling, with a livid redness and severe pain.

May 3. 9 A. M. Inflammation of throat greatly increased; mouth very dry; lips, tongue and teeth covered with brown sordes; extreme exhaustion; great difficulty of breathing, with blueness of face and surface generally, in-

dicating failure of the function of aeration and a great alteration of the blood. *Voice extinct.*

His condition rapidly growing worse, the patient died at 4 P. M., on the same day, having retained his intellectual powers till the last.

Post mortem 24 hours after death. In addition to the abscesses detected before death, two others only were discovered—one in the substance of the triceps extensor cruris muscle, the other in the triceps extensor cubiti. The superficial veins of the arms exhibited numerous dilatations, but contained no clots or other evidence of phlebitis. Mucous membrane of the nares slightly congested; that of posterior part of pharynx and of the larynx exhibited extensive inflammatory lesions; *epiglottis riddled with ulcers, and vocal chords destroyed.* Upper part of trachea congested. No alteration of the lungs, except some congestion and slight increase of density of the middle lobe of the right. No *metastatic abscesses* were found in any of the viscera, nor sero-purulent effusions in the joints, which is often the case when death results from *phlebitis* and the so called purulent *absorption.* Blood *fluid, venous* and containing a large quantity of serum. At several points the skin of the chest exhibited circumscribed engorged bluish spots, somewhat thickened, indicating the *forming stage of pustules.* Doubtless, if the patient had lived a few days longer, the mucous membrane of the nares would have been invaded, and he would have had the discharge of muco-pus from the nose, which is peculiar to the glanders. In chronic farcy the patient is nearly always carried off by an acute attack of glanders. The duration of the disease varies from two months to two or three years, the average being about eight months. The communication of the glanders from the lower animals to the human species and from man to man, although long known, was never, I believe, particularly commented on by medical writers till since the beginning of the present

century; and it is only a few years since it was fully established by observation, and especially by experiments on the inferior animals, that the *glanders* and the farcy are *modifications* of the *same disease*, acknowledging the *same specific virus as their common cause.* Inoculation with the muco-pus of glanders develops, sometimes, the same disease, at others the farcy, acute or chronic. Moreover, inoculation with the pus of the abscesses of the farcy gives rise indifferently either to the glanders or the farcy. Observation has proved that this reciprocal production of each other is true of these maladies as they occur in man. The case above cited is an identical example of *chronic farcy*, contracted from the *glanders* in a horse. The termination of the case by the supervention of an attack of acute glanders, renders the proof of the common origin and close connection of these two diseases still more positive. Both affections are communicable, either by contagion or infection, from the inferior animals to the human species, and from man to man. This patient seems to have received the poison by infection, through the medium of the air, as he had no abrasion or wound of the skin; besides this, the *general* symptoms were revealed *first*, the *local secondarily.* When contracted by contagion the reverse in the order of the phenomena is true—first the *local lesion*, then *constitutional disturbance*, as in the case of a dissecting wound. In farcy by inoculation, the lymphatic vessels and veins leading from the wound are first invaded, followed by engorgement and abscesses of the lymphatic ganglions, and finally extension of the inflammation to the subcutaneous cellular tissue. At length general symptoms of the gravest character ensue, indicating serious changes in the vital properties of the solids and fluids.

When the poison is introduced into the system by infection, its first effects are loss of appetite, lassitude, shiverings, general aching and soreness in the muscles and joints

Sooner or later the patient experiences pains in certain circumscribed points of the extremities, with slight soft swelling and the rapid formation of pus and abscesses, which very rarely heal after their evacuation, in consequence of the insusceptibility of the tissues to take on adhesive inflammation.

The prognosis of chronic farcy is exceedingly grave, although it is not so invariably fatal as the acute form or the genuine glanders. It is said that the horse rarely *fully recovers* from an attack of this disease. He remains feeble and "short winded," and is very liable to chronic pleurisy and hydrothorax. As to their gravity and the symptoms, especially in the *advanced stages*, there are many striking analogies between glanders, farcy, malignant pustule, phlebitis, dissecting wound, some forms of erysipelas, and the so called purulent absorption. In all of them there is a profound alteration in the composition of the blood, producing great exhaustion of the vital forces, with strong disposition to suppuration, the formation of abscesses, external and internal, and, often, extensive gangrene. As to *identity of cause*, farcy and glanders stand in the same relation to each other as do malignant pustule and the dreadful disease described by French writers under the name of "charbon."

The points of peculiar interest in this case are—

1st. Its cause—the virus of glanders received from the horse.

2nd. The manner of its introduction into the system—by infection.

3rd. The duration of the attack—nearly three months.

4th. The transitory local pains about the joints mistaken at first and treated for *rheumatism*.

5th. The apparently mild character of the disease and its frequent amelioration during the first two months, which would have induced a surgeon, unacquainted with

the serious character of the affection, to have pronounced a favorable prognosis.

6th. The final termination of the case by an attack of acute glanders.

Paris, May 23, 1853.

ART. IV.—*Incised Wound of the Left Side, between the eighth and ninth ribs, followed by protrusion of the Stomach and strangulation of the organ;* Reduction and recovery of the patient. By W. W. HART, M. D., of Carrollton, Miss.

In April, twelve months ago, I was summoned in great haste, by Dr. A. Ewing, (who had been previously called in,) to a negro man aged about twenty-five years, the property of Mr. J. E. Harnon, residing five miles east of this place, who, in a rencounter with his overseer, received an incised wound in his left side, about three inches in length, between the eighth and ninth ribs. The wound was inflicted in the beginning of the affray, with a pocket knife, the blade of which was about four inches in length. The negro, notwithstanding, continued to resist, and by the violent exertions made caused the stomach to protrude. He finally became exhausted and was carried to the house. On my arrival I found the stomach protruding out of the wound, forming a tumor about the size of the two fists placed with the thumbs and fingers opposite; considerably strangulated, and perfectly tense with air and undigested food. I made several efforts to reduce it by pressure, but was unable to accomplish it in consequence of the narrow space between the ribs, compared with the size of the tumor. I then handed Dr. E. a probe-pointed bistoury and requested him to make the incision longer, hoping by this means to effect a reduction. He increased its length about one inch, but nothing was accomplished by the procedure, save the escape of a little air,

upon pressure, which was immediately ejected through the œsophagus.

Our efforts thus far having been without effect, and knowing that something must speedily be done, we concluded to make an incision into the stomach and empty it of its contents. Accordingly an incision about two inches in length was made into the organ and the contents removed.

We then closed the wound by the interrupted suture and replaced the organ. This being done, it was ascertained that the lower margin of the left lung was slightly wounded, as was evinced by the escape of air at each inspiration. The diaphragm and omentum were also wounded.

We removed all the coagulated blood within reach, and closed the external wound by means of a few stitches and adhesive strips. The patient was then placed in bed and kept in a state of perfect rest, on low diet, and the bowels opened by enemata. On the second day he was resting quietly; passed a pleasant night, and continued to improve without any unfavorable symptom whatever.

In four weeks he was perfectly well and pursuing his ordinary labors.

April 19th, 1853.

REVIEWS.

ART. V.—*General Pathology, as conducive to the establishment of rational principles for the diagnosis and treatment of disease*; A course of lectures, delivered at St. Thomas's Hospital, during the summer session of 1850. By JOHN SIMON, F. R. S., one of the Surgical Staff of that hospital, and Officer of Health to the city of London. Philadelphia: Blanchard & Lea. 1852.

We have already noticed this work, as one of the ablest on pathology, and propose now to give a somewhat more detailed account of its contents. After some introductory considerations, as to the subject-matter, limits, and applications of pathology, its dependence on anatomical, chemical, and clinical observations; and as to disease, the import of the term, the symptoms and products, and the influence of pathology in improving its treatment, the author, in the second lecture, takes up the Blood, of which a most interesting description is given in its relations to disease. He begins by showing, that the pathology of the blood is not merely a chemical study, but is intimately related to physiology. The blood is the subject of many morbid changes, the result of causes acting from within and without the system. Morbid ingesta contaminate it; foreign bodies may be introduced into it; cancer cells, pus, and other abnormal products affect it; it becomes diseased from the retention of various excre-

tions, as bile, carbonic acid, and urea; it is impoverished by the drain of elements that ought to be retained. Its composition is most unequivocally modified in cholera, diabetes, hemorrhages, chlorosis, and scurvy, but it would perhaps be difficult to mention a constitutional disease in which it remains unaffected; and hence the study of hematology is now attracting so much of the attention of pathologists. We have not revived the humoral pathology of our fathers, but, under the old name, are creating a science on the basis of experiment and observation. All that relates to the blood is interesting to the physician, not only as contaminated from external sources, or overladen with effete matters, or starved and attenuated by some unnatural drain; but its growth and development, and the alteration of its several elements in various diseases. Take as an example the corpuscles.

"Their *proportionate increase* constitutes the condition of plethora; and probably, for the most part, this proportionate increase co-exists with an excess in the total quantity of circulating blood; so that not only are the vessels fuller than they ought to be—not only is the arterial pulse large, the venous stream full, and the capillary network throughout the body amply injected, but further, the blood which thus fills the vascular system is in itself of a richer and more intense quality than accords with perfect health. According to the analogy of other elements of the body, you might speak of this condition as hypertrophy of the blood. So little is known hitherto of the circumstances which determine it, that I cannot venture to say anything of its causes, except negatively. I may tell you, that although starvation will counteract the tendency to its occurrence, yet it cannot be referred exclusively to the quantities of food taken daily. Of many persons living together under similar circumstances, using precisely the same diet, and taking the same exercise, a certain proportion will tend towards plethora, while the remainder will retain a lower rate of blood-development; so that we can only leave it for the present as an ultimate fact, that—as the vital power in some persons tends to build large skeletons; in others, to accumulate fat; in

others, to make bulky muscles; and this, in each case, without any assignable external cause but by virtue of some law relating to the diathesis of the individual, and inherent in him from birth;—so there are others who evince a similar liability to over-growth of the blood—to its formation, namely, in quantity or quality, out of proportion to the remaining development of the body.

Visceral congestions, especially of the brain and lungs, with a disposition to spontaneous hemorrhage, are the inconveniences which have been observed to accompany this condition of the blood, and any hemorrhage which may arise under such circumstances is to be considered critical and curative in its tendency. Most of you know, as a matter of familiar observation, how often the spontaneous occurrence of epistaxis or hemorrhoids will give complete temporary relief to the symptoms of plethora; and you will remember, from my last lecture, that nothing acts so efficiently as hemorrhage in producing that dilute and attenuated condition of the blood which is the diametrical opposite of plethora. Unfortunately, we cannot always with security leave this matter in Nature's hands; for she does not invariably select the capillaries of the rectum, or of the Schneiderian membrane, for the purpose of relief; sometimes, especially after the middle of life, when the arteries are becoming atheromatous and weak, the hemorrhage will take place in the brain, or in some other important viscus, and endanger life.

The human female has a peculiar law of blood-development, which renders her a constant illustration of what I have stated to you. During about thirty years of her life she forms blood enough for herself and an infant. If she be pregnant or suckling, this redundant blood-formation fulfils its purpose of nourishing her own organism and what (as regards our present argument) may be considered the parasitic organism of her infant; but if she be neither pregnant nor suckling, then you will of course readily understand that the large blood-formation, which is normal to her for those necessities, becomes excessive in their absence,—thus exactly presenting the conditions I have spoken of as those of plethora; and, like other instances of plethora, this one tends to effect its own cure by means of recurrent hemorrhage—that, namely, from the mucous membrane of the uterus, which accom-

panies the discharge of unfertilized ova from the Graffian vesicles, and constitutes the periodical phenomenon of *menstruation.* Interruptions of this process most commonly occur from general causes affecting the blood development, and keeping it below that abundance for which menstruation is the pre-ordained relief; and in these conditions of anæmia, whatever evils arise, are not caused by the suppression of the catamenia, but by that impoverished condition of blood which leads to their suppression; therefore such evils are the very opposite to those of plethora. But when, as occasionally happens, the blood-development is regular and ample, and the catamenia are suppressed merely because of some local disease, which renders the uterus incapable of its function, then all the general inconveniences of vascular fulness manifest themselves; and the plethora, which cannot vent itself by the legitimate channel, seeks a periodical relief at other surfaces, where it produces hæmatemesis, epistaxis, or hæmoptysis.

2. Far more frequent, however, than an increase in the proportion of the blood-corpuscles is that aberration from the standard of health which consists in their *proportionate decrease.* There is one disease which derives its visible characters from the non-development of the blood-corpuscles, and which consists essentially in that error; and, after what I have just said on the pathology of menstruation, it cannot but interest you to know that the disease to which I allude (chlorosis) is eminently one of female puberty.

In fifteen cases of idiopathic anæmia, occurring in young women, Andral found the proportion of blood-corpuscles varying, by successive degrees, from what he considers their normal standard (127) to so low a level as 30 in a thousand; and he found (precisely as would have occurred after large hemorrhages) that the water of the blood had increased just as the corpuscles had decreased, standing in one case as high as 886. In other particulars, he considered the blood healthy; but his estimate of fibrin for healthy blood is so liberal, that probably most computators would have differed from him in respect of these cases, and would have described them as presenting an excess of that material; and the organic residue of the serum is in most cases high. It is, how-

ever, quite evident, from examination of the various analyses which have been made, that the increase of fibrin (though often observed) is not essential to constitute chlorosis; that the disease substantially consists in an atrophic condition of the blood evinced in the non-development of its characteristic cells; and that the larger proportion of albumen generally found in connection with this state may fairly be explained, where it exists, as an accidental result of the defective cell-growth—which has left the serum more saturated with organic blastematous material than it could have remained if the normal proportion of blood-cells had been developed out of it.

Few of the effects of medicine are more immediate or more remarkable than that which results in this disease from the exhibition of iron. We all know, clinically, how soon under the influence of this remedy our patients recover their natural complexion; and a chemical analysis of the blood explains this sufficiently. F. Simon gives a case, where, after a few weeks of treatment, the proportion of blood corpuscles rose from 32 to 95 in the thousand; Herberger, one where it rose from 38 to 98; Andral and Gavarret, one where it rose (in spite of two bleedings) from 46 to 95.

It is indeed very interesting to observe the effects of treatment tally so exactly with what is known of the pathology of this disease. As regards the influence of iron on the blood, we may with little hesitation describe it as a stimulant to the development of blood-cells; in which respect its action falls within a general law, (the evidence and bearings of which I shall have other opportunities of discussing with you,) that the specific stimulus of cell-growth, in every organ of the body indiscriminately, is a material identical with, or convertible into, the natural contents of the cell.

3. There is a third point relating to the morbid development of the blood-corpuscles, to which I must direct your attention, though I cannot, from my own knowledge, give you any very definite information about it. It appears that, in some diseased conditions of the spleen, the shaped elements of the blood become liable to change or to morbid admixture; sometimes large granular globules, two or three times as large as the natural-colored corpuscles, have been found in abundance in the blood;

sometimes the ordinary colorless corpuscles have been found in very great excess. The recent researches of Professor Koelliker (with which, no doubt, you have been made acquainted in the Physiological Lectures) render it highly probable that the blood-corpuscles naturally undergo their dissolution in the spleen, and that an early stage of this process consists in their being collected in groups within a cell-membrane, so as to form large granular globules, similar perhaps to those which, in certain cases of spleen diseases, have been found within the stream of the general circulation; and although, since Koelliker's observations, no great progress has been made in the pathology of the spleen, yet what little has been noticed in regard of the blood, serves quite to establish the certainty that the spleen exercises some very important influence in its development; since this fluid, when observed in cases of spleen-disease, sometimes presents products apparently derived from that organ in an unfinished process of decay; sometimes, on the other hand, shows an extraordinary abundance of blood-corpuscles in an undeveloped, colorless condition. Within the last few days (through the kindness of Dr. Peacock) I have had the opportunity of examining a few drachms of blood from a child with enlarged spleen, now in the hospital, and it did not present any very obvious deviation from the ordinary characters of blood; it coagulated perfectly, and brightened by exposure to the air; microscopical examination showed an abundance of colorless corpuscles, but not such an excess of them as to appear abnormal; and, among several specimens which I examined very carefully, I found only a solitary shape which I could suppose referrible to the spleen—viz., a faintly-marked cell, containing at one side of its cavity a cluster of three or four minute reddish-brown solid rods, such as are represented in Professor Koelliker's admirable article, (*Cyclopædia of Anatomy and Physiology*, Fig. 537,) and are considered by him to be final transformations of the coloring-matter of the blood. I noticed likewise a few such clusters without being able clearly to render visible any cell-membrane around them. In respect of the not extraordinary number of colorless corpuscles observed in this case, I ought to tell you that the patient had been submitted to the course of treatment

which most of all tends to diminish the relative proportion of these corpuscles, by hastening their maturation into colored blood cells—namely, to the exhibition of iron."

The irregularities in the distribution of the blood, constituting local hyperemia, or congestion, form the subject of an interesting lecture. This condition may be active or passive, and may depend upon mechanical or physiological causes. The heart cannot by any variation in its action cause the distributive inequalities of circulation,—these influences must be local. What are they? They are either:

"(1) More blood is *attracted* to the part in consequence of the molecular changes advancing there, and the hyperæmia results directly and immediately from an influence exerted by the changing tissues on the circulating blood; or (2) by indirect means, (such as the nervous system would supply,) a modification occurs in the *impulsion* or *admission* of blood, and the hyperæmia must be considered a reflex phenomenon.

Perhaps there is partial truth in both of these suppositions; but it is not possible to examine them fairly without entering somewhat on the structure and function of arteries, and considering generally the nature and extent of influence exerted by the nervous over the vascular system.

1. It is certain that the arteries (and in some animals the veins likewise) are muscular organs; that they are capable of effecting changes in their own caliber, and consequently of affecting the nutrition of parts beyond them in the circulation. The muscularity of arteries, of which John Hunter made physiological proof, is now a matter of eyesight. The greater part of what is called the middle coat of an artery consists of fibres—not, indeed, striped and encased in limitary membrane, like those of voluntary muscle, but of fibres essentially similar to those of the urinary bladder, of the intestines, of the dartos; fibres, forming a link in that chain of transition by which muscle gradually declines into contractile areolar tissue. That this tissue possesses inherent irritability has been shown again and again by its contraction

under direct mechanical stimuli, and by its susceptibility to cold. The complete emptiness of arteries which we commonly find in the dead body depends on the final exertion of this contractility under the influence of the *rigor mortis*, an exertion by which their contents are propelled into the veins. Surgically, we all know how arteries contract when they are cut assunder; and, though part of this contraction is no doubt due to elasticity, and is a mere collapse from the withdrawal of that dilating force which the circulation previously exercised, yet we are able in other cases to see arteries palpably lessen their caliber, (even when they are full of blood) in consequence of mechanical irritation and exposure to the atmosphere.

Schwann performed a very neat experiment, showing the latter quality more exactly than had previously been done; though, of course, the contraction of bloodvessels under the influence of cold has been known to the Medical Profession from time immemorial. On one very hot day, furnished with some very cold water, he brought the mesentery of a living frog into the field of a microscope, and adjusted his focus to an artery of about $\frac{1}{75}$ inch diameter. He then let the cold water fall drop by drop on the membrane, and presently found the artery contracted to a third of its previous diameter. He desisted from the application, and in half an hour the artery had resumed its former size. He then again reduced it by cold; and he continued for some time thus alternately making the artery contract and letting it dilate, just as you may do with your iris in alternately turning your eye to light or shade. The experiment is a good one, because it is so precise.

The brothers Weber have demonstrated that the muscular coat of arteries is susceptible to electro-galvanic stimulation. By passing a current through small arteries (diameter $\frac{1}{80}$ to $\frac{1}{120}$ inch) in the mesentery of frogs, they have found that within a few seconds a contraction ensues, which reduces the canal of the artery to half its previous capacity; and that a continuation of the same stimulus would by degrees completely obliterate the vessel. This contraction confines itself exactly to the portion of the artery stimulated, not extending itself (if the operation be neatly performed) beyond so much of the artery as lies between the wires. The contraction does

not begin suddenly at the moment of completing contact, but gradually a few seconds afterwards, and may go on augmenting itself for some time after the contact has been broken. After a little while (provided the stimulation have not been excessive), the artery recovers its former capacity, and is liable to present again the same phenomena, on a repetition of the experiment; but if the current have been too powerful or too long continued, the artery will for a while have lost its muscular tone, and will not only refuse to contract again under the current, but will yield to the pressure of the circulation, so as to present an aneurismal bulging.

Professor Paget, in the admirable lectures which he recently delivered at the College of Surgeons, drew attention to a case in which the irritability of arteries and veins may still more easily be demonstrated in warm-blooded animals. He stated that, under a very slight amount of gentle friction, any small artery and vein in the web of the bat's wing would gradually contract at the irritated point till their canals became quite obliterated, and would then gradually expand again, as in Weber's experiment, to their former or to still greater dimensions. By his kindness, I have been enabled to verify this; and I have likewise been able to observe similar changes in the mesenteric vessels of the frog.

2. With respect to nervous influence—there is unquestionable evidence that the nervous centres affect and modify the movements of the heart; and that parts receive more or less than their usual supply of blood, under influences which are purely nervous."

We recommend this treatise to all readers who wish to study Pathology in its best light. The quotations we have made will afford a very correct impression of the manner in which the learned author presents the science.

ART. VI.—*On Syphilis, Constitutional and Hereditary; and on Syphilitic Eruptions.* By ERASMUS WILSON, F. R. S. Philadelphia: Blanchard & Lea. 1852. 8vo pp. 284.

The author of this work is well known to American readers by his System of Human Anatomy, and a treatise on diseases of the skin. The popularity of these works, especially of the former, has been very great, and that will probably lead to a wide circulation of the volume before us. Mr. Wilson is not a mere compiler on the subject of syphilis, but an original observer and thinker, and on some points entertains views peculiar to himself. He carries the humoral pathology further than any writer whom we have lately read. For example, he holds that the system of a man or woman may become so saturated with the virus of syphilis as to be able to communicate the disease, by the secretions of the body, to a healthy person; and in proof of the position cites the following example:

"A gentleman had a small venereal sore on the prepuce in the month of November; it got well speedily. In the succeeding month of February he suffered from sore-throat and rheumatic pains, but of so slight a nature that he took them to be merely symptoms of a common cold. In March he married.

"In the month of June following, I was called to see his wife, in consultation with her medical man. She was suffering a furuncular abscess, situated at the upper and inner part of the thigh, and my opinion was sought more on account of the obstinate nature of the sore which the abscess had left behind it, than from any suspicion of its being of a venereal nature. I was struck by the unhealthy-looking, red, and fungous surface which the sore exhibited; and making further inquiries found that on the day before she had perceived a rash upon her skin which had now become an unmistakeable roseola. She had a feeling of soreness in the throat, but without congestion, and her skin was muddy and discolored.

"She had no disorder of the genital organs, and her husband was free from any symptoms of disease.

"I apprehend that, in this case, no one can doubt the natural secretions of the mucous membrane of the husband being the medium of transmission of the poison; and as there was no local disease in the wife, the poison must have been imbibed into her system at once, and thus have contaminated her blood. Then came the period of latency, during which the poison was accumulating and gaining strength, and then followed the outburst of exanthematic eruption. The furuncular abscess I consider to have been of a common kind (at the time there existed a kind of furuncular epidemic) in the first instance; its angry appearance and its indisposition to heal having been occasioned subsequently by the approach of the syphilitic crisis."

Mr. Wilson contends that in this affection all the secretions become poisoned, and that in this way infants tainted with it may communicate syphilis to the nurse. We cannot help believing that some of these points he has strained too far, going beyond what observation and experiment sanction. Children, no doubt, do often affect the mother or nurse, but it is hardly through the saliva. It will be found, in such cases, we apprehend, that the child has syphilitic sores about the mouth.

The following is Mr. Wilson's theory of the action of the syphilitic poison:

"When this poison is once admitted into the human organism it has a tendency to accumulate until it attains a certain point, which may be termed the *point of saturation*. As soon as the saturating point is reached, an outburst of fever, which results in the elimination of the excess of collected poison, takes place, and the system returns to its wonted tranquility and calm. This process is repeated at intervals, until after a time the intervals lengthen, and the effects gradually diminish; from weeks, the intervals become months, and years; from severe fever, the attacks become trivial and insignificant; and at last the poison is so thoroughly assimilated, that it ceases to accumulate in excessive quantities, and loses its power of exciting a febrile action in the blood of the infected person.

"But although it may be incapable of exciting disease among tissues accustomed to its presence, it still retains

the power of contaminating new blood; and it is difficult to determine how long this degree of virulence continues. At first, probably, it may be so far weakened that the wife escapes, but the offspring may suffer; and at last it is rendered so mild, that only accidental conditions call up its powers of doing evil. It remains, however, as I believe, lurking in the blood and in the tissues for many years, and probably for the rest of life.

"Under these circumstances, our answer to the question as to the time which should intervene between disease and marriage, must necessarily be modified by a variety of conditions; for example, by the nature of the secondary disease, by the known susceptibility of the individual, by his state of health, his occupation, and by the treatment he may have undergone; and something must be known also of the health of the proposed wife. Taking the most favorable view of the case, from two to five years should be permitted to elapse, such period being passed under the close observation of the medical man."

Our author is an advocate for the doctrine of secondary gonorrhœa. He says: "When we see a man perfectly free from any primary symptoms of disease, communicating syphilis to his newly-married wife, by his secretions alone, can we doubt the possibility of a similar result accruing from a syphilitic secretion poured out by the mucous membrane, as happens in gonorrhœa" It is only a few cases of gonorrhœa, that, in his opinion, can generate syphilis, but those few, he contends, "have as much the power of transmitting" that disorder "as an undoubted chancre." The following case he gives in illustration:

"In 1828, a medical man had gonorrhœa, but neither excoriation nor sore. In the following year, after getting wet through, he was attacked with rheumatic fever, eruption on the skin, and iritis. Ten years afterwards he again suffered from gonorrhœa.

"In 1840, he was annoyed with nocturnal pains in the tibiæ; for these he took vapor baths, which brought out an eruption on the skin; and with the latter he has been troubled from that time until the present.

"In the month of May, 1850, he consulted me for an eruption on the face of small, soft, syphilitic tubercles.

One of the tubercles was situated on the upper eyelid, two or three occupied the ala of the nose on one side; a small cluster were collected on the lower jaw amid the hair of the whisker, and there was one on the hard palate.

"I select this case as being that of a man well able to judge of his own symptoms, and to form a clear idea of the nature of his ailment. He told me that he felt convinced that he could not have had a chancre in the urethra."

The physician "felt convinced that he could not have had a chancre in the urethra." But how could he be sure of it? It was his belief; but shall we accept this conviction of the patient against the uniform observation of the medical world? Mr. Wilson, we must believe, was in haste to adopt this conclusion. Upon most points he coincides with Ricord, to whom he dedicates his book, and whose investigations of syphilis have exceeded in patience, variety, duration, accuracy and extent those of any other author of modern or ancient times. We conclude our brief notice of his interesting work by an extract from the chapter on "Secondary and Constitutional Syphilis."

"After the lapse of a short but variable period, namely, from one week to three or more, the local or primary disease becomes exhausted, the sore or ulcer heals, and the patient is to all appearance well.

"It may be so, in fact; the poison may have gone no farther than the part which has been ravaged by the disease, it may have become exhausted on the spot, or it may have been transmitted through the bloodvessels into the stream of life, have poisoned the entire mass of blood, and, by means of the blood, all the tissues of the body. It may be there *latent*, but not lost, silently accumulating, and ready on a sudden to burst forth in a new shape, namely, as a general or constitutional disease, as, in fact, a syphilitic fever.

"It is a well known law of animal poisons, that, being once introduced into the blood, they excite in that fluid an action which has for its object the production of a similar poison, and this process goes on until the blood becomes saturated or overcharged with the morbific princi-

ple. As soon as this latter condition occurs, an inflammatory movement is set up, which results in the ejection or elimination of the poison.

"This inflammatory movement, or syphilitic fever, is therefore a sign of the accumulation of the poison within the blood, to such a degree as to disturb the healthy functions of the body, and is attended with symptoms which indicate derangement of the nervous, vascular and digestive systems, and especially of those surfaces of the body through which it is possible for elimination to occur.

"The blood, it must be recollected, is charged with a poisonous principle, and it may therefore be concluded that all the organs and structures supplied with that blood must suffer to a greater or less extent. The brain evinces its suffering by mental dejection; the nerves, by a general feeling of prostration and debility. Everything is *couleur de plomb* around the patient; he is unable to pursue his avocations with comfort, and if they require the exercise of his mind, scarcely at all. He is oppressed with a sense of impending evil. Besides the lassitude and languor which evince the poisoned condition of the nerves, there is often neuralgia to an intense degree, sometimes affecting the head or face, and sometimes the joints, when it goes under the name of rheumatism. The neuralgia presents the peculiarity of being nocturnal, that is, of being most severe during the night, and often, but not always, entirely absent by day. The pulse is quickened; the tongue is coated, white, broad, and indented by the teeth. The fauces are more or less congested, the tonsils and soft palate being frequently swollen; there is irritation of the larynx, producing a mucous cough, and often nausea. The bowels are sometimes constipated, sometimes relaxed; the urine sometimes clear and limpid, at other times loaded with salts. The conjunctiva is congested and muddy, and the whole skin remarkable for its yellowish and dirty appearance, looking as if saturated with impure and discolored humors. Sometimes it is dry; at others suffused with a greasy secretion, and at night pours out an abundant and fetid perspiration.

"Such are the general symptoms of the syphilitic fever, or secondary syphilis, but they may not all be present, and those which exist may be complicated by local congestions of the mucous membranes. The symptoms which

may be selected as pathognomonic of syphilitic fever are; mental and nervous depression and prostration; congested fauces, with sore-throat; congested and muddy conjunctiva; congested and discolored skin, the congestion being partial or general, and assuming the form of an eruption; and, added to these, neuralgic pains.

In this combination of symptoms we are forcibly struck with the resemblance which they bear to those of the exanthematous fevers, measles, scarlatina, and smallpox. Firstly, the nervous depression, showing the stagnating influence of the accumulated poison. Secondly the congestion of the mucous membranes, particularly of the fauces, showing the effort made by the bloodvessels to eject the poison through that tissue. And thirdly, the cutaneous exanthema, which completes the triumph of the pressure from within, and is the sign that the poison is driven to the surface and is in process of expulsion.

"Even the irregular symptoms, the partial and local congestions, have their parallel among the exanthemata.

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"Thus far for resemblances to the exanthematic fevers, but there are also differences between the syphilitic fever and that of the exanthemata, so remarkable as to call for special consideration. The exanthematous fevers are more violent, more regular, and more transient than the syphilitic fever, in other words, they are *acute*, while the syphilitic fever is *chronic*. It is true that instances of syphilitic fever often happen, which present all the symptoms of the most violent fever, and are attended with delirium; but such cases are the exception and not the rule.

"The cause of the differences of character perceptible between the exanthematous and the syphilitic fever appears to me to be due to a radical difference in the nature of the poison. The poison of measles, scarlatina, and smallpox probably originates in conditions extraneous to the animal body; it reaches the blood as an element foreign to its nature, and as soon as it has accumulated to the saturating point, a violent effort is made for its expulsion. The expulsive effort obeys rigidly certain laws of order and time, and the poison being once removed the blood of the patient enjoys an immunity from a re-excitement of the same action for the rest of life."

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

Death of Dr. Graves.—We record with profound regret the death of ROBERT JAMES GRAVES, of Dublin, which took place on the 20th of March, in the fifty-seventh year of his age. Dr. Graves was one of the brightest ornaments of the Dublin School, and his labors had made his name as familiar in America as it was in Ireland.

Dr. Graves was the youngest son of the Rev. Richard Graves, Dean of Ardagh. After having received a very careful preliminary education, he entered as a fellow-commoner in Trinity College, Dublin, and at once evinced abilities of a high order. Among a large number of candidates at a July entrance, he took the first place, and from this time maintained a high status in his class, having been a "double first" man almost in his entire undergraduate course. With two exceptions he obtained the first prize in classics and science at every examination, and having put in every term examination, and obtained a *valdé in omnibus*, he thus entitled himself to, and received a gold medal, on taking his degree of Bachelor in Arts.

Having determined to devote himself to medicine, Mr. Graves commenced his professional studies in Dublin, and labored with equal zeal and industry in the acquirement of medical knowledge, as he had done previously in his university career.

Having graduated in medicine, he took the wise determination of visiting some of the chief schools of Europe, and of thus extending the education he had received at home by familiarizing himself with the modes of observation pursued elsewhere. After a short stay in London,

where he studied under Sir William Blizard and Dr. Robinson, he spent three years in visiting the chief Continental Schools, among which may be mentioned those of Berlin, Gottingen, Hamburgh, Copenhagen, etc. Among the distinguished teachers with whom Dr. Graves was now brought into contact, were Hufeland and Behrend, under whom he acquired that taste for the clinical study of disease, and the cultivation of pathology, which so strongly marked his subsequent career, and so characterize his writings.

In the year 1821, Dr. Graves settled in Dublin, and having succeeded, in conjunction with some other surgeons and physicians, in establishing a private school of medicine, and having also been elected one of the physicians of the Meath, entered with great energy and zeal on the arduous career of a medical teacher. The school of which he was one of the founders, known as the Park-street School, (now the site of St. Mark's Ophthalmic Hospital) rapidly acquired a very high character. Here he first taught medical jurisprudence, subsequently pathological anatomy, but afterwards became associated with Doctor, now Sir Henry Marsh, in the Chair of Practice of Physic. The Meath Hospital, however, was the great theatre of his most important labors.

Here he found apt and zealous pupils, and many of the best and most accomplished practitioners now in Ireland, England, the Colonies and the public service, were then numbered among Dr. Graves' class at the Meath Hospital, and many have lived to acknowledge with pleasure and pride the obligations they owed to his teachings, and the stimulus which his example lent to their exertions. Two among this number must be specially named: Dr. Richard Townsend and Dr. William Stokes, now Regius Professor of Physic in the University of Dublin.

Thus energetically and ardently working and teaching, the example of Dr. Graves at this period exercised the best influence on the medical youth of Dublin. His labors, however, were not confined to those of teaching. From an early period in his medical career he evinced the highest talents for original observation, and the results of his inquiries began to appear in print, and to attract attention, from the masterly style of his delineations of disease, his graphic

manner, and the clearness, judgment and decision with which his views were enunciated.

Dr. William Stokes having graduated in Edinburgh, and having subsequently been appointed Dr. Graves' colleague at the Meath Hospital, these two names are henceforth to be met with together as teachers and fellow laborers in the field of original research. Under their joint editorship appeared the valuable series of Meath Hospital Reports, which have connected the name of this institution with the progress of Irish medicine during the last thirty years.

In the year 1827, Dr. Graves was elected Professor of the Institutes of Medicine to the King and Queen's College of Physicians in Ireland—a chair which he continued to fill for many years with great distinction.

Independently of the publication of his various detached papers and monographs, Dr. Graves lent valuable assistance to the establishment of a periodical medical literature in Ireland. In the year 1832, the fifth and last volume of the "Dublin Hospital Reports" was committed to his editorship by Dr. Cheyne. Two years subsequently, the *Dublin Journal of Medical and Chemical Science*, the predecessor of the *Dublin Quarterly Journal of Medicine*, was projected and established by Sir Robert Kane, then a student of Medicine and a pupil at the Meath Hospital. After the appearance of a few Numbers, Drs. Graves and Stokes became associated in the editorship of the periodical, and Dr. Kane having been soon forced to resign his connection with it by his increasing devotion to chemical inquiry, it continued in the same hands till 1842.

In the original and review department of this journal, Dr. Graves was a large and constant contributor. In the year 1843, appeared the first edition of his "Clinical Lectures on the Practice of Medicine." Of this work, which passed through a second edition, with much careful revision, and the addition of much valuable matter under the hands of Dr. Neligan, in the year 1848, it is quite unnecessary for us to speak. It is well known to every clinical school in Europe.

As a lecturer, Dr. Graves was distinguished by a force and clearness of language, and an earnestness of manner which irresistibly commanded attention, while his fine person and noble features won the admiration of his hearers.

His style as a writer was at once simple yet nervous, and full of graphic power; and his delineations of disease are among the most successful of modern medical compositions. He was a strenuous advocate of the doctrine of contagion, and vigorously opposed the views advanced with regard to the non contagious nature of cholera during its last outbreak. He was a firm supporter of the dignity and honor of his profession, and on the only occasion in which he descended into the arena of medical politics, he fought boldly and fearlessly, though unsuccessfully, for the rights of his brother practitioners. During many years, Dr. Graves enjoyed a large and lucrative practice, and was much *recherché* as a consultant. For some time past his health has been only indifferent, and of late he suffered from attacks of atonic gout. His last illness was attended with considerable suffering, the lungs being much congested. He had also violent paroxysmal attacks of cough, which the slightest exertion was sufficient to induce. Symptoms of a purpuric condition of the blood, accompanied by anasarca, were subsequently manifested. —*Lancet and Med. Times and Gazette.—Med. News.*

M. ORFILA, the eminent physician and toxicologist, died in Paris on Saturday, the 12th of March, of pneumonia, after a short illness, aged seventy. He had lectured on the 4th in comparative health and spirits, before as numerous an audience as had assembled around him for the last thirty-four years. The funeral obsequies of M. Orfila were performed on the 15th of March last with great pomp, at the church of St. Sulpice. Nearly the whole of the 20th battalion of the National Guard was present to render military honors to the deceased, as grand officer to the Legion of Honor. The church was crowded, and amongst the congregation were the greater part of the members of the Faculty of Medicine, the Academy of Medicine, and the Academy of Sciences. The eminent men of science never met in greater numbers than on this occasion. Many of the high public functionaries were also present. The cords of the pall were held by MM. P. Dubois, Berard, Dubois d Amiens and De Bussy. After the religious service, the body was conveyed to the cem-

etery of Mount Parnasse, followed by an immense line of mourners.

M. Orfila was by birth a Spaniard, but was naturalized in France in the early part of the reign of Louis Philippe. In 1805, M. Orfila went to sea in a merchant vessel, and it was intended by his friends that he should enter the navy, but he had already a strong inclination for the Medical profession, and suddenly abandoned the sea and went to Valencia to study medicine. As a student he greatly distinguished himself, and carried off the first prize in physics and chemistry. A favorable report having been made of his studies to the Junta of Carcelona, that body resolved to send him to Paris, to study the natural sciences, and a sum of 1500f. per annum was voted to him for that purpose. He went to Paris in 1807, and had hardly been there ten months when war broke out between France and Spain. He was thus deprived of pecuniary resources for continuing his studies, but he had fortunately an uncle established at Marseilles, who agreed to provide him with 1500f. per annum, until he should obtain the diploma of Doctor in Medicine, when this allowance was to cease. M. Orfila passed a brilliant examination, and obtained his diploma. Having no longer any funds at his command, he opened a course of lectures in chemistry, which was well attended and furnished him with the means of living. Some of the most eminent men of the present day were among his pupils: among them may be mentioned Jules Cloquet, Beclard, sen., and M. Edwards. The reputation of M. Orfila continued to increase, and, in 1816, he was appointed one of the physicians of Louis XVIII. He was next elected a Professor of the Faculty of Legal Medicine, and in 1823 he was chosen to fill the chair of Chemistry. He had already been elected a member of the Academy of Medicine. The Revolution of 1830 opened to M. Orfila a new era of distinctions. He was successively elected Dean of the Faculty, member of the Council-General of Hospitals, and member of the Council-General of the Department. After he had received his letters of naturalization, he was appointed a member of the Council of Public Instruction, and was successively named chevalier, and officer and commander of the Legion of Honor. Most readers are aware of the importance attached to the opinions of M. Orfila, in cases of legal medicine. In cases of

poisoning, where much depended on the medical evidence he was invariably called upon by the Courts of Assize. His evidence in the Lafarge case and others created great sensation, and had a decided influence on the juries. The scientific reputation of M. Orfila may be said to have commenced with his *Treatise on Poisons; or General Toxicology*. The next works published by him, which acquired European reputation, were the *Elements of Legal Medicine* and *Lessons on Legal Medicine*, which went through several editions; he was also the author of many other works of almost equal celebrity. We may also mention the publication, some years ago, of his Lectures on Organic Chemistry. During the whole reign of Louis Philippe, M. Orfila remained at the head of the Faculty of Medicine, but after the revolution of February, the Provisional Government revoked his functions. In the course of his researches into the action of poisons, M. Orfila performed numerous experiments with animals, some of which, from the great suffering that they occasioned, induced a belief among persons who were not personally acquainted with him, that his nature was cruel. This, however, was far from being the case. He was humane and benevolent, and it was with great pain to himself that he was compelled, in order to make science useful to his fellow-creatures, to perform some of these experiments. In the celebrated Lafarge case, M. Raspail, who was opposed to him, disputed with great energy most of his statements, but without effect; and subsequently the opinion expressed by M. Orfila, in opposition to that of M. Raspail, as to the absorption of poisons by the human body after interment, by contact with the earth, to such an extent as to reveal the presence of a quantity which would lead to a supposition that it had been administered during life, has been confirmed by most of the eminent men who have been examined on such questions before Courts of Assize. M. Orfila suffered physically for some time before his death, and had been long a severe mental sufferer from the affliction caused by the illness of his son, who had become epileptic, and so affected in mind that it was found necessary to place him in a maison de santé.

M. Orfila has bequeathed a large scientific Museum to the town of Angers, a place for which he entertained a great affection; and he has also left 120,000f. to the Acad-

emy of Medicine, to found scientific prizes.—*Lancet and Med. Times and Gazette.—Med. News.*

The Therapeutic value of Veratrum Viride. By W. C. Norwood, M. D., of Abbeville, South Carolina.—We know of no agent so peculiarly adapted and so universally applicable to the treatment of febrile and inflammatory affections, as the American Hellebore. With limited exceptions it fulfils the therapeutical indications in these diseases unaided and alone; and, withal, its results are so invariable that we may expect to realize its effects, when properly administered, with the same certainty with which the husbandman anticipates an abundant harvest from the proper culture of his field.

However numerous or diversified may be the causes of febrile and inflammatory diseases, certain uniform effects or events are sure to follow them, and to correct or modify these effects is the grand aim of the practitoner. To do this successfully, a practical and experimental knowledge of the therapeutical properties of the agents calculated to modify the actions excited by these causes, is necessary; and this is the reason of my pressing so earnestly on every one, the importance of thoroughly testing, and closely watching for himself, the therapeutical effects of veratrum viride; for I believe that he who fully understands its powers and applications, is in possession of the key which opens the door to triumphant success in the treatment of many diseases hitherto considered the opprobria of medicine.

I have been charged with enthusiasm, extravigance, and fancy, in estimating the value of this remedy, and in urging its claims upon the profession; but years of close observation and experience have convinced me that, far from exaggerating, I have failed to do justice to the subject. Who can overrate the value of an agent capable of controlling the actions of the heart with demonstrative certainty? When it was announced, by the Italian physicians, that digitalis possessed the property of subduing and controlling morbid vascular action, medical men ardently anticipated the benefits that were about to be realized. But it proved not to possess the powers

ascribed to it, and the field was again open for research and inquiry. After long observation and repeated experiment we are able to affirm, in the most positive manner, that *veratrum viride* entirely fulfils this indication. In less than twenty-four hours it will reduce a pulse of one hundred, or one hundred and sixty, to between thirty-five and eighty-five beats in the minute.

But this drug possesses other important remedial powers. It is a certain and efficacious emetic; it possesses expectorant and diaphoretic properties in an eminent degree: its adanagic power is considerable, and it acts as a nervine in allaying morbid irritability.

We trust that these statements, based upon careful clinical observation and mature reflection, will induce the profession to use this remedy, and we believe that the benefits resulting to the sick from its judicious employment will be incalculable.*—*Virginia Medical and Surgical Journal.*

Asthma—A Clinical Lecture at Hotel Dieu. By M. TROUSSEAU.—Asthma is a chronic nervous affection, attacking the pulmonary organs in a peculiar manner, essentially periodical and intermittent when the disease is fairly established; and, like diathesic diseases, gout, gravel, and rheumatism, it leaves the patient in repose for some months, and suddenly re-appears.

Before passing to the exceptional forms of the disease, and the lesions which are imputed to it, I wish to describe its principal features, its habitual form. You can then easily recognize it at the bed side.

To understand asthma, it should be studied, not in the aged, where it has long existed, but in the young, where we can watch its incipiency, where it presents itself with clear and striking characterestics, without the complications which it induces after a time, or which are accident-

*Dr. Norwood publishes (*Charleston Medical Journal*, November, 1852.) his formula for preparing a saturated tincture of the root of veratrum viride:—℞. Of the dried root of veratrum viride, ℥viij; of alcohol of the shops, ℥xvj. Digest for a fortnight. The dose for an adult is eight drops, to be given every three hours.—[ED. V. M. J.

ally added to it. If then we take as an example, a young man attacked by asthma while in good health, this is what may be observed:—

Ordinarily, in the first part of the night—from ten o'clock till midnight, sometimes in the second—from midnight to six in the morning, the attack commences by a sudden oppression; an enormous weight seems to press upon the chest of the patient, who breathes laboriously. The expiration becomes active, in some circumstances, even more active than the inspiration, and both are accompanied by a characterestic wheezing.

This wheezing, which is not accompanied by an alteration of the timbre of the voice, is not apparently produced in the larynx, but deep in the chest, behind the sternum. At the same time sibilant rales are heard, which the patient himself compares to the notes of a bird, and which are accompanied by sonorous ronchi.

The intensity of the attack rapidly augments, and soon the oppression is such that the patient is forced to sit up, and even to stand in his chamber leaning against some piece of furniture, as a support for his inspiratory muscles; finally, he is forced to throw open the window, whatever may be the severity of the weather; and, strange as it seems, the patient affected with a pulmonary disease, which the cold would naturally aggravate, experiences, on the contrary, a marked relief.

The majority throw off the clothes that compress the chest; the waistcoat, the cravat, cast aside, the body half naked, they come panting for the open air.

At the same time the veins of the neck swell, the face becomes livid, and the pulse becomes frequent.

Sometimes the oppression is carried to such a degree that life seems menaced, and the physician requires all the power which the habit of seeing these sort of paroxysms gives, in order to maintain his tranquillity, in the presence of such a frightful assemblage of morbid symptoms.

The cough assumes a peculiar character, which the experienced physician readily appreciates; it is accompanied by a prolonged expiration; as it is very fatiguing to the patient, he endeavors to resist his desire to cough, the glottis closes spasmodically, and the air, overcoming this resistance, causes in escaping a characterestic sound.

After one, two, or three hours duration, rarely less, sometimes more, the patient respires better; he expectorates four or five thick, gravish, muco-purulent sputa, afterwards he falls asleep. Upon awakening he feels the fatigue of the previous night, but his respiration is good, he hastens to his business, he runs up stairs as if he enjoyed the plenitude of health.

In some cases, rare it is true, the paroxysm occurs during the day, and I may cite the case of my mother, in whom the attack always commenced about nine o'clock, and lasted for two hours, while no nocturnal paroxysm ever occurred.

In some patients the attacks recur with such regularity that they are enabled to predict the exact hour at which it will return. Having been subject, when twenty years of age, during three months, to attacks of asthma, which returned regularly at three o'clock in the morning, I have been able to decide this point in my own case. Ten years ago the same attacks re-appeared, and with the same periodicity of invasion, which took place invariably at three in the morning. Some persons have similar paroxyms in the course of the evening, at eleven, or half-past eleven; amusements or pre-occupations appearing to exert no influence upon the arrival of attack. In some rare cases, patients are able to postpone, to a certain extent, the onset by hygienic measures, just as patients who suffer from osteoscopic pains, postpone their invasion, by retiring to bed later than usual. Those who suffer from a paroxysm upon going to bed, evade it for an hour or two by sleeping in a chair, it is true, but it is then as distressing as if they had lain down.

Asthma attacks persons in the prime of life violently, and the paroxysms diminish in proportion as life advances; at sixty and seventy years of age, the oppression is distinct and independent of the asthma.

Asthma is a disease of adults; it is at its greatest intensity at forty years.

Causes of asthma. Let us commence with the hygienic causes. Suppose an asthmatic, whose life appears menaced by the severity of his symptoms; change his place of residence, and you will believe that it is impossible that you see the same individual whom you had

seen moribund so short a time before; and yet you are unable to explain theoretically the hygienic influence; you cannot attribute the cure to a milder climate or a purer air.

Example.—A young man of twenty-eight, residing at St. Omer, is taken with intense attacks of asthma. He is sent to London on business. He disembarks, and locates himself in the City, the most foggy and crowded portion of London. Certainly no one would direct an asthmatic to such a locality. He remains two years, employed in laborious occupations, without experiencing the slightest return of his disease. He returns to St. Omer, and in four days his attacks recur as in former times.

At the end of three months he was sent to Paris to me. After a short stay, the asthma disappeared and his health became robust. He went to visit his aunt at Versailles, and passed three days there during the fine season; his paroxysms returned. Again he returns to Paris, and during his sojourn of six months there was an entire cessation of his attacks. He was compelled to return to St. Omer; scarcely had he reached that city, when they wrote me that his disease had re appeared with renewed intensity. I wrote that he should be immediately brought to Paris by the rail-road, upon a litter, if no other means were possible; this was done. In ten days my patient was perfectly well.

Second example.—Two twins born in the department of Bouches-du-Rhone had resided at Marseilles without suffering at all from asthma, yet whenever their business called them to Toulon they were sure to be attacked by it. They could live at Bordeaux with impunity. In Germany, the disease disappeared and recurred, in different cities in which they sojourned, although it was impossible to explain these alternations by the climate, change of season, or hygienic conditions.

Third example.—An ordinance officer, a relative of the Emperor, born in Corsica, does not pass ten nights in his bed, when he is in Paris. Sent upon a mission to Clermont Ferrand, an elevated country in the midst of mountains, and compelled to take long rides in the cold and snow, he never experienced the influence of his disease. Since his return to Paris, his attacks recur as formerly.

The influence of temperature is just as inexplicable. Thus, when we study this disease in a great number of patients, we are struck with the fact that it is more frequent in summer than in winter, and the commencement of the attack is often announced by a peculiar coryza. When the patients sneeze violently and repeatedly, they know that the paroxysm is at hand. Why are the attacks more frequent in summer? I do not know; but the fact is worth knowing, and it should teach us, in certain circumstances to distrust hygienic data. Each asthmatic is variously affected by hygienic influences, and by experience knows better than any one else, what is best for him to do; therefore it is not *until after studying for some time the individuality* of his patient that the prudent physician can give useful counsel.

Pathological causes.—The majority of asthmatics are greatly disposed to contract chronic diatheses, and we frequently observe asthma alternating with attacks of gout; dartrous eruptions are in the same category; thus a lichen impetiginoides will make way for well-marked attacks of asthma, and these in their turn will disappear and the herpetic affection will return.

Asthma, it has been said, is only a symptomatic expression of an affection of the heart or lungs, and an illustrious man, M. Louis, has confounded emphysema of the lung with asthma, attributing the latter to the organic pulmonary lesion. This opinion will not bear a minute examination, and the cause of its error is easily found.

When M. Louis has examined old asthmatics in hospitals, he has found pulmonary emphysema, but in his private researches, in young men, suffering from asthma, whom I have sent him, who have been examined by eminent men of art, he has not been able to find a trace of emphysema. M. Louis is right when he affirms that emphysema exists after asthma; but he is wrong when he makes it precede that disease.

When the attacks are frequently repeated, and last for a long time, asthma is complicated with catarrh, and consequently with emphysema of the lung, and it is in this sense only, that the relation of cause and effect can be established between asthma and pulmonary emphysema.

Treatment.—The treatment of asthma is divided into

the treatment of the paroxysm of the diatheses, and, lastly, of the complications which may supervene.

When an individual is affected with attacks of asthma, recurring every three or four years, and each paroxysm lasting only a few minutes, the indications are simply to diminish, as much as possible, the violence of the attack, and among the substances, by the aid of which this end is obtained more surely, the poisonous solanaceæ are to be placed in the first rank. Hyoscyamus, mandragora, belladonna, tobacco, datura stramonium, etc., can be employed with equal success. There are conditions, however, in which these remedies lose their efficacy; such, for example, is the habit of being subjected to the toxicological influence of the solanaceæ. Smokers experience their benefits less than others, for it is not demonstrated that solanine and nicotine are not identical principles. Nevertheless, even in these cases, good effects are obtained from the inhalation of the smoke of leaves of belladonna, and the leaves and roots of henbane. When patients do not smoke habitually, cigars or a pipe of tabacco may be advantageously prescribed.

For women who do not know how to smoke, or who have a repugnance to it, leaves of stramonium or belladonna may be placed on hot metal, and the vapour allowed to fill the apartment.

With some asthmatics, the solanaceæ are useless. In these cases the following treatment is frequently of service: Papers are moistened with a strong solution of nitrate of potash, and afterwards dried and rolled into the form of a cigarette, of which the smoke is inhaled. Relief is sometimes obtained in two or three minutes.

The brother of M. Pasquier, ex-chancellor of France, was director of the administration of tobacco. He was seized with frightful attacks of asthma, over which the odours which he habitnally inhaled in his manufactory, as well as the most energetic remedies, exerted no effect. He had but one mode of relief, which consisted in lighting five or six Carcel lamps: as soon as the strong artificial light was created, the attack ceased, but returned with the darkness. For thirty years, the persons around him had recourse to this singular mode of treatment, and always with the same efficacy.

Sometimes the attack may be moderated, or even cut short, by means of discs charged with opposite electricities, applied, one to the pit of the stomach, and the other to the back. This method, strange as it is, should not be neglected, as it is often effectual.

It frequently happens that attacks of gout or gravel alternate with asthma. One of my patients, residing at Montreuil, gouty, and affected with gravel, experiences neither of these infirmities during his attacks of asthma, which are of terrible severity; subsequently an attack of gout will come on, the asthma will disappear, and reciprocally. With these patients the alkaline regimen should always be combined with the employment of narcotics, and this is the method which I pursue in these circumstances, a method devised by M. Brettoneau, and which has the support of his experience.

Extract of belladonna is employed in pills of 1-5 of a grain. The patient takes a pill daily for a fortnight. During the second fortnight he takes two pills daily, afterwards three pills during the third fortnight, and so on until the dose has reached a grain and a half daily, as in the treatment of epilepsy; the treatment is then suspended for some weeks, and resumed and pursued in this manner for several years. At the same time the bi-carbonate of soda is administered to overcome the gouty diatheses. A vegetable diet should be observed throughout the treatment.

The other complications which may supervene, such as catarrh, diseases of the heart, etc., require the combination of the balsams, digitalis, etc.*—*Gazette des Hôpitaux*, No. 36, 1853.—*Virginia Med. and Surg. Jour.*

*M. Trousseau does not allude to the inhalation of anæsthetics during the paroxysms of asthma. In one case which we recently treated, the patient derived great relief from inhalations of sulphuric ether, persevered in for several hours, complete insensibility being avoided—Ed. *Virginia Med. and Sur. Jour.*

A Case of Poisoning by Arsenious Acid. Reported by J. Bryant Smith, M. D., of Louisville, Ky.—During the month of February last, a negro woman and her child, residing in this city, were suddenly attacked with symptoms of poisoning after drinking some tea which had been prepared by some members of the family. The physician who was called in attendance, not suspecting poison, administered some laxative oil, which produced no effect. The child and mother were vomiting continually, complained of burning pain in the epigastric region, the pulse feeble and fluttering, the extremities cold, face anxious and debilitated.

During the day following the child died, and a post-mortem was made by the coroner of the city, and the stomach of the child removed. The case having come under the observation of Dr. Lyle, of this city, he obtained the coffee-pot with its contents, from which the patients had drank, and brought it to the laboratory of the University of Louisville, for analysis. The vessel contained about a quart of tea, with a quantity of white sediment, nearly half an ounce in weight, which, when placed on hot coals, emitted the peculiar alliaceous odor of arsenic. On examining the tea by Marsh's test, it was found to give unmistakeable evidence of the presence of arsenic, and appeared to be nearly, if not quite, a saturated solution of arsenious acid.

The coroner having brought to Prof. Silliman the stomach removed from the child, it was subjected to the process which, as it is interesting to the physician and easy of application in similar cases, may prove useful to the readers of your Journal.

This portion of the viscera was tied before removal from the body, at both the œsophageal and pyloric orifices, and the contents thereby secured. On removing these ligatures, there flowed about four fluid ounces of a dark, coffee-colored fluid, having the flavor of some essential oil. This fluid gave, with the tests to be described, no evidence of arsenic. The mucous lining of the stomach was, in some spots, slightly ecchymosed, but otherwise presented no abnormal appearance. A portion of it was cut into small pieces, placed in a porcelain evaporating dish, and treated with a very few drops of sulphuric acid and a drop of nitric acid, and heated. By this means the organ-

ic matter, which, when present, makes the detection of arsenic difficult, is destroyed, and the insoluble arsenious acid, if present, is converted into soluble arsenic acid; the material soon becomes reduced to a coaly mass, it is heated then until the sulphuric acid is driven off, allowed to cool, and then treated with water to remove the arsenic acid, if present. This liquid thus obtained is filtered and treated with a current of sulphuretted hydrogen gas obtained in the usual way from sulphuret of iron and sulphuric acid.

By this process, conducted in the case of the stomach of the child, we obtained, after a time, a small yellow precipitate; this, if arsenic had been present in the solution, would have been the "yellow sulphuret of arsenic" or orpiment. But in acid solution, sulphuretted hydrogen may precipitate sulphur, which may be mistaken for orpiment. If the precipitate is very small, as it was in the present case, it is boiled to facilitate its being separated, filtered from the liquid, and then treated with aqua ammoniæ, which dissolves it, if it be orpiment, but has no action on sulphur. The solution in ammonia is now evaporated to dryness, and the residue redissolved in hydrochloric acid. We have now a solution containing all the arsenic which may have been present in the portion of stomach or other viscera under examination, and which we can subject to the appropriate tests for the detection of arsenic. The one which in this case we employed first was one known as "Reinsch's," which consists in boiling in the hydrochloric acid solution a strip or two of perfectly clean bright copper. If arsenic be present in the solution, these strips are soon coated with a grey deposit of metallic arsenic. In the case under examination, on the slips of copper, in the course of a few minutes, there was an evident blackening, sufficient to render the presence of arsenic in the solution certain. To corroborate this test, recourse was next had to "Marsh's" test, which consists in adding the solution suspected to contain arsenic to a flask or bottle in which are placed the materials for generating hydrogen gas, namely, zinc and sulphuric acid. Pure hydrogen gas, when burning, is entirely converted into water, and hence there is deposited on any cold surface held over it, only this compound; but the presence of arsenic in the generating flask, gives rise to the production of "arsenuretted

hydrogen," which produces a peculiar change in the flame and an evolution of white clouds of arsenious acid. If over this flame, and about its centre, is held a piece of cold porcelain or any white dish, there will be deposited a brownish-black "tache" or spot, with a metallic luster. There is only one other metal with which this is liable to be confounded, and that is antimony, which produces like results under similar circumstances. It is, however, more black and has less luster. The two are also easily distinguishable. Exposed to the vapor of iodine in a small crucible, the antimony spots turn reddish orange, while arsenical spots appear orange-yellow, and soon entirely vanish.

Exposed for a moment to the vapor of chlorine gas obtained from ordinary bleaching powder, (hydrochlorite of lime,) in a capsule, the spots of both metals disappear. If a drop of nitrate of silver be then allowed to fall on the surface of the vessel on which the spots were, if arsenic be present, (in the form of chloride now,) there will be a brick red stain visible, amounting to a precipitate if the metal existed in any quantity, while antimony produces no such results. These distinctions are conclusive. In the case which was examined in this way, we detected in the stomach and liver of the child perfectly decisive evidence of arsenic by both of these tests.

During the progress of this investigation, an old man, who had also drank of the tea, had died, and as poisoning was suspected, he was disinterred and the body opened in presence of Dr. Silliman and myself, by Dr. Lyle. The liver and vessels were very much engorged; the blood not coagulated; the stomach and liver were removed and taken to the laboratory, and subjected to the same process of investigation before described. In both the evidences of arsenic were as conclusive as in the case of the child. The mother, who at the time was nursing, recovered, but complained of her infant being sickened by her milk and refusing to nurse. A portion of the milk was sent us for analysis; it was very dark colored, and gave, by the same test, evidence of the presence of arsenic. I am not aware that this poison has ever been detected before in this secretion, and it may be the happy accident of lactation which saved the life of the mother, in opening

thus a channel through which the poison was discharged from the system.

The criminal part of this case rests in a negro man who had for a long time professed friendship for the family, and under such profession had become quite intimate. The morning on which the poison was administered he made some base offers to the woman and her sisters, which were repulsed, when, in revenge, he infused arsenious acid into the tea. The evidence which was given in this case was deemed sufficient to remand the prisoner for trial in the following term of the Circuit Court of Jefferson.

It seems to me that there ought to be in every State some legislation whereby the sale of arsenic may be restricted to druggists properly authorized, and that such druggists should be compelled to keep a register, in which every sale of arsenic should be entered, with the name, residence, and occupation of the buyer and the purposes for which obtained. Under such vigilant restrictions no person would dare to purchase arsenical poison except for lawful purposes.—*Buffalo Med. Journal.*

Hats and Baldness.—The following letter has been received since our last issue. We heartily sympathize with our correspondent, and regret, on his account as well as in behalf of many others, that the promulgation of our discovery comes too late for their benefit. They must comfort themselves by the reflection that if the needed reform be accomplished, a valuable boon will be conferred on future generations :—Ed. Buffalo Med. Journal.

ALMOND, *March* 21, 1853.

SIR—Having just seen your article on baldness in the Journal, and being unfortunately one of the many to whom it addresses itself with peculiar force, I acknowledge the justice of your remark, that any allusion to one's bald pate "leaves a sadness at the bottom," as it reminds him of the loss of that appendage of manly beauty and strength, of which Delilah bereft Samson, the loss of which was followed by such sad consequences to the Jewish champion.

I well remember the first symptoms of baldness which I felt. Before I became aware that my hair was falling—a soreness on the crown of my head, in the morning when

brushing my hair—and had I then been aware of the cause, I might not now be obliged to deplore its loss. I am now forty-four years of age, generally well, hale and hearty, and though time has laid his hand on me but slightly in other respects, yet this depilous condition of my vertex, and certain crow-foot appearances visible in the corner of my eyes, admonish me, as I in vain attempt to cover the denuded portion of my caput from the temporal regions,—thank God! I am not grey—that I must soon pass off to make room for those who are to come after. With my present experience, aided by your views, I would eschew hats forever, and wear turbans "a la Turk," or anything else rather than lose my fair locks.

"What in the whole work of art," says a late writer, "is more unnatural, stiff and uncomfortable than a modern hat—a mass of glue, paper and wool, formed into a cone or circle, with hard lines and stiff unyielding corners presented to view on all sides, without beauty, or grace, or comfort, or even use," &c. &c.

As the ladies *have donned* some portions of the male attire, I would suggest the propriety of gentlemen adopting the head-dress of the fair sex, which it appears is so efficacious in preventing baldness.

I go for a change—for the bonnet—perhaps; altered a little, so as to give it more of the air of the male costume—if for nothing else than to *be revenged* on the ladies—*provoking creatures*—for adopting the pants. It might be so constructed as to appear graceful, to fit easily, to set lightly on the head, and be surmounted by a plume, after the fashion of the Kossuth. But cannot something *be done* to do away the tyranny of fashion in this article of our attire, which is not only worthless for comfort or beauty, but positively injurious, as whatever interrupts the circulation in the scalp, may, through the vascular connection existing between it and the brain, induce disease of that organ?

Treatment of Dysentery.—Dr. J. B. Evans, of Frankfort, Ohio, in a communication for the North Western Med. and Surg. Journal, writes as follows:

After all is said, opium is the boon. I say *Opium*. It cannot be pressed too strongly. Sulphate of Morphia seemed to be the best form. Without it the suffering of the patient was insupportable; he would die of actual

pain. Providence is kind in giving us such a cordial for our sufferings. In many cases the amount of morphine used was very great. In my own case, my attending friends gave me within a pittance of a dram in four weeks; the nervous irratibility was so great that the strictest quiet and the constantly soothing effect of opium was the only alternative. In these extremely nervous cases all treatment was useless, unless the strictest quiet was observed. Too many persons are allowed in the sick room. We should not let delicacy toward the friends of our patients interfere with our duty in this matter; for we are accountable for his life, so far as he is within the reach of means in our power.

Nourishment. The duration of an epidemic attack is usually beyond the starving point, and on this account, if no other, would arise the necessity for food. The starving plan of many of our professional brethren, I hope will be abandoned. Our diseases are becoming more grave and protracted, as the country becomes older and more densely inhabited. I have seen nothing more marked than the good effect derived from food in our scourge of dysentery. Nourishment was necessary from the commencement to the close of an attack. Even when the patient had no relish, and his feelings forbade him eating, he would be much better and suffer less after taking suitable nourishment. In many of the worst cases, the nervous system was completely unstrung, and having a constant griping, the horror produced is indescribable, except to the sufferer, who has felt it in his own person. The suffering was little short of a *fundamental* fire. In short, opium, quiet, and a judicious nourishment, were the great essentials in our epidemic. It was necessary to persist in a well-selected and oft-repeated nourishment, without which the fabric would fall, and I am satisfied that by its neglect many died.

On the Composition of Human Milk in Health and Disease. By MM. Vernois and A. Becquerel.—Looking at the contradictory reports of various analyses of milk, MM. Vernois and A. Becquerel have entered into an elaborate investigation of the entire subject. They have especially

chosen 89 uniform and complete analyses to deduce certain deductions from. The following is their account of the composition of this fluid:

	In Health.	In Acute Disease.	In Chronic Disease.
Water	889 08	884 91	885-50
Solid parts	110-92	115-09	114-50
Sugar	43 64	33 10	43 37
Caseum & extractive	39-24	50-40	37-66
Butter	26-66	29-86	32 57
Salts (by incineration)	1-38	1-73	1-50
Density	1032-67	1031-20	1031-47

There are more solid parts in the milk of nurses aged from 15 to 20, than in those of from 35 to 40. The quantity of butter is notably increased during the colostral period. Gestation does not induce alteration in the composition of the milk at first, but at a later period it increases the proportion of solid parts. Menstruation diminishes the density, the weight of the water and of the sugar. It increases the weight of the solid portions, especially the caseum. Insufficient aliment renders the milk too watery, the effect falling especially on the butter and caseum. An excess of butter or caseum always accompanies an ill state of health of the nursling. There are certain women whose milk, independently of any special cause, always contains an excess of butter or caseum.

In both acute and chronic disease the water diminishes and the solid parts increase; but there the analogy between these two classes ceases. In acute disease, the sugar considerably diminishes, while the three other elements are increased, the caseum alone nearly repairing what is lost by the sugar. In chronic disease, the butter and salts are increased, the sugar remains stationary, and the caseum diminishes. Thus, in acute diseases, we have loss on a respiratory element, and excess in a nutritive element; and in the chronic, loss on the nutritive element, and increase of the respiratory element. In phthisis, without diarrhœa or emaciation, there is little sensible modification; but these being present, there is considerable diminution in the weight of butter. In syphilis, the density is extraordinarily raised; the butter diminishes, and the salts disproportionately increase.—*Gazette Médicale*, 1853, No. 5.

On the Influence of Posture in the Treatment of Epilepsy. By Dr. Marshall Hall.—We have only to raise one hand and arm high above the head, and allow the other to hang down, for a minute or two, and then bring the hands together and compare the syncopal condition of the former with the apoplectic condition of the latter, to form an idea of the influence of posture in the treatment of diseases consisting of affections of the circulation, especially that of the head.

I believe ordinary syncope may pass into fatal sinking if the raised posture be continued.

I believe that simple apoplexy may become deeper and deeper, simply from the opposite course of retaining the patient in the recumbent position.

Sleep, which is a sub-apoplexy, may pass into epilepsy or apoplexy, solely from the fact of a recumbent position. As a preventive of epilepsy and apoplexy during sleep, it is of the utmost moment that the patient should habitually repose with the head and shoulders much raised. For this purpose both bed and mattress should be raised by means of a bed-chair, or triangular cushion, and the patient be prevented from gliding down in the bed by means of a firm bolster, four inches in diameter, placed under the sheet, under the front of the ischia. The trunk should be raised to an angle of 45 or 50 degrees.

In this manner the encephalon will be less oppressed with blood, the sleep will be lighter, the disposition to epilepsy or apoplexy will be diminished.

This should be the patient's habit during the rest of life.

There are two other circumstances in which attention to posture is most important.

The *first* is the condition of the patient after certain fits of epilepsy, the respiration being impeded by *rattles* in the throat. The posture should be much raised; but, besides this, it should not be such that the saliva may *fall* into the fauces. The stupor and insensibility prevent the patient from swallowing. The saliva, therefore, if a just position be not adopted, accumulates and falls into the fauces, and a throat-rattle and dyspnœa, painful to witness, and dangerous to life, are the consequence. The posture of the patient should be such as to allow the sa-

liva to flow out of the corner of the mouth. In one case such a change of posture relieved the patient immediately.

The *second* case requiring extreme attention to the posture of the patient is that of *Syncopal Epilepsy*, or that form of epilepsy in which there is ghastly pallor of the countenance and other signs of syncopal affection. The patient should be placed with the head *low*. If this be not done, the syncope may be speedily fatal, an event which actually occurred in an interesting case a few days only ago.

The patient was no other than Ann Ross, on whom Mr. Anderson had performed the operation of tracheotomy. Her fits had changed from those of the epilepsia *laryngea* to the abortive form. The reader may remember that the patient's age was thirty-six; that her case was hereditary, her father having been epileptic; and inveterate, her fits having recurred during twenty-four years; and that she herself was thin and pallid. She was seized with syncopal epilepsy; was laid on the bed and expected to recover as formerly; was left; and was at length found to have expired. A low position and proper attention might have saved the poor creature's life.

I need scarcely observe, that what I have said of epilepsy applies to many other diseases. It is the *principle* of position which I wish to enforce; a principle, the importance of which I believe to be still greater and still more extensive in application than is generally imagined. *London Lancet.*

Case of Peritonitis with probable Intestinal Perforation. —Dr. Wood wished to call the attention of the college to a case of peritonitis which had recently been treated, under his supervision, in the Pennsylvania Hospital. But before proceeding, he would remind the Fellows that, on a previous occasion, he had offered them a brief notice of a case of the same disease, occurring suddenly during apparent convalescence from typhoid or enteric fever, and terminating favorably under the opiate treatment recommended by Drs. Stokes and Graves of Dublin, together

with a large blister. This notice may be seen in the *Summary of the Transactions of the College* for Nov. 5, 1850 (Vol. I.,N. S., page 32). As is well known to many of the Fellows, the patient was a highly respectable young medical gentleman; and of the nature of the case there was little room to doubt. The one now to be noticed is of a less certain character, but will be found to present features which render it highly probable that the Inflammation of the peritoneum resulted from perforation of the bowels. For the dates in the case, Dr. Wood was indebted to his young friend, Dr. Penrose, one of the resident physicians of the Hospital, who had the immediate charge of the patient.

At the commencement of my term of attendance in the hospital, observed Dr. Wood, the patient had been several days in the house, laboring under a slight fever, which had been preceded before his admission by a feeling of general uneasiness, weakness, and loss of appetite. There had been no epistaxis or diarrhœa. When I first saw him, his pulse was somewhat accelerated, his skin warmer than in health, the tongue lightly furred, and the abdomen moderately meteoric, with slight pain on pressure. The symptoms were those of a mild case of enteric fever at the close of the first or commencement of the second week; but there were no sudamina, no red spots on the abdomen or elsewhere, and no diarrhœa.

This condition continued, under a mild treatment, with little change for several days; when suddenly on the ninth day after admission, perhaps near the end of the second week from the occurrence of the first morbid feelings, the patient was seized with symptoms of severe peritonitis. The contrast between his condition on the previous day, when he seemed to be laboring under only a moderate fever, and that which he now presented on the occasion of my visit, was very striking. The abdomen was at this time much swollen, tense, and exquisitely painful upon pressure; the patient complained constantly of severe pain in this region; the decubitis was on the back with the knees drawn up; the pulse was small, thready, and extremely frequent; the skin hot; and the countenance shrunk and expressive of great anxiety. There could be no doubt of the existence of severe peritonitis; and the symptoms were found aggravated on the following day,

when the tongue had become dry, and the abdomen still more distended.

Thinking that the case was one probably of perforation, Dr. W. directed the patient to be placed and maintained under the decided influence of morphia; a blister to be applied over the whole abdomen, to be followed by an emollient poultice, and one grain of the mercurial pill to be given every hour until the gums should be affected. The diet consisted of sago boiled with equal parts of milk and water, and the drink of ice-water, in small quantities. The object of the morphia was to keep the intestines as nearly immovable as possible, of the blue mass and the blister to obviate the inflammation, of the diet to support the strength already much enfeebled by the pre-existing fever. Bleeding in any shape was wholly out of the question.

This plan of treatment was steadily pursued. The amount of sulphate of morphia necessary to keep the patient in a constant state of semi-insensibility, short, however, of stupor, varied from three to five grains daily, given in divided doses, equivalent to at least from twelve to twenty grains of opium. One of its effects was to produce and sustain a steady and rather copious perspiration. The mouth became slightly affected in two or three days, after which the mercurial was gradually diminished. In three or four days some amendment was observable; and, in somewhat less than a week, the pulse had become fuller and slower, the countenance much less anxious, the abdomen softer, and the whole condition of the patient more favorable. The bowels, which had not been moved from the beginning of the peritoneal attack, were now opened spontaneously. The inflammation had obviously much subsided; but the tongue remained dry, the febrile symptoms continued, and it appeared to Dr. W. that while the patient had escaped the greatest danger of the peritonitis, he was in no little hazard from the diseased glands of Peyer, supposing the case to be, as he supposed, one of enteric or typhoid fever.

Having from much experience great confidence in the oil of turpentine in this stage of enteric fever, and believing that, if there had been perforation, the opening was now closed by adhesions, Dr. W. ventured upon this remedy in the dose of ten drops every two hours given in the form

of emulsion; the morphia and blue mass being continued. In two days after commencing with the oil of turpentine, the patient exhibited evidences of decided improvement; the tongue having become moist with a disposition to clean, the tympanites sensibly diminished, and all the symptoms ameliorated. The mercurial was now omitted; but the morphia and oil were continued, though in quantities gradually diminishing with the progress of amendment. From this time convalescence fairly began; and, in the course of five or six weeks, the patient was restored to tolerable health, though with occasional symptoms of constitutional and local disturbance, such as might be expected to follow an attack so severe, protracted, and exhausting. At the present time, somewhat more than three months from his original seizure, he is still in the hospital, with a good appetite, a clean tongue, a good pulse, and greatly increased weight, but suffering with occasional abdominal pains and distension, apparently arising from accumulation of flatus, retained by the impediment offered to the regular movement of the bowels by the organized adhesions which have probably taken place.

That the peritonitis, in this case, depended on intestinal perforation cannot be positively determined; but the probabilities appeared to Dr. W. to be strongly in favor of that view; and, at all events, the case is therapeutically interesting, as showing the advantages of the opiate treatment, conjoined with mercurialization, under circumstances which did not permit a recourse to the lancet. Another point of considerable interest is, Dr. W. thought, presented in the apparently excellent effect of the oil of turpentine in obviating the symptoms of the typhoid or enteric fever, after the subsidence of the peritonial inflammation. —*Transactions of the College of Physicians Phila.*

Case of Strangulation of the Intestine by a Diverticulum Intestini: by Dr. Levick, of Philadelphia.—E. W., dentist, æt. 30, had been subject from infancy to attacks of colic, which were generally relieved by vomiting. For a long time before his illness he had been costive, his bowels being moved only by injections of cold water. During

the last week of his life, he had been scarcely free at any time from griping pains.

He partook of a cold dinner on the 29th, four hours after which he was seized with vomiting, which continuing, Dr. Kite was sent for. He found him suffering great pain and ejecting from his stomach everything taken into it.

Sinapisms and fomentations were applied to the epigastrium, and the patient was placed in a warm bath, but without any appreciable benefit. Opiate injections were the only means employed that afforded any relief. To overcome the obstruction which was believed to exist five quarts of tepid water were slowly and carefully injected into the bowel.

The vomiting continued with but slight intermission, and the patient died on the following morning at 8 o'clock.

The preceding history of the case was furnished by Dr. Kite, who with Dr. Remington had charge of the patient.

The examination was made by Dr. Levick December 29, in the presence of Drs. Kite, Remington, and Davis, fifteen hours after death.

Exterior.—Rigidity complete; much lividity of the body; face discolored by an offensive dark-colored fluid which had escaped from the mouth; abdomen tympanitic; odor of decomposition very great.

The *abdomen* alone was closely examined. The small intestines were of a dark-purple hue, and full of gas.

The *cæcum* full of gas, lifted entirely out of the iliac fossæ, and having the appendix vermiformis lying loosely upon it. A little below and to the right side of the umbilicus, there was found a digital band firmly adherent by one extremity to the parietes of the abdomen. Upon examination, this was found to be a cæcal sac or diverticulum coming off from the ileum at a distance (when the intestine was stretched out) of about two feet from the ileo-cæcal valve, and of a size, at its connection with the intestine, sufficient to admit the little finger; having the same structure and investments as the intestine. This completely encircled the gut, having produced strangulation and gangrene.—*Ibid.*

Tartarized Sulphate of Quinine.—Dr. Galamina (Bull. delle Sc. Med., xxi. p. 99) speaks in strong terms of praise of the febrifuge power of sulphate of quinine when combined with equal parts of tartaric acid—a much smaller quantity of the alkaloid so administered sufficing. During an epidemic of ague, it was given in 43 cases, in 31 of which it speedily effected a cure. In 21 of these, half a scruple sufficed, while in 10 others, it required more continued use. In most of the cases, there was hyperæmia of the brain or bronchial membrane, enlarged spleen, or gastro-biliary derangement, requiring the preliminary employment of bleeding or purgatives. Of the 12 other cases, 5 had relapses; in 3 no effect was produced; and in 4, the above-named irritative symptoms returned.

Dyspepsia.—Dr. Bennet (Ed. Monthly Journal, Feb. 1853), in a lecture on Dyspepsia, after insisting on the necessity of seeing that there is no excess in eating and drinking, that the food is properly masticated, and that proper rest is taken after food, remarks that the sense of load or weight is best relieved by acids, especially the hydrochloric. Acid eructations and cardialgia are best relieved by alkalies and bitter tonics. In cases in which fatty matters do not appear to be digested, liq. potassæ is recommended. When the flow of bile appears deficient, mild mercurials and rhubarb is the best treatment.

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AMERICAN MEDICAL ASSOCIATION.

(*Concluded from page* 464.)

We copy from a New York paper the following account of the banquet:

THE MEDICAL DINNER AT METROPOLITAN HALL.

Grand Entertainment of the Sons of Esculapius in New York.

The delegates to the convention of the American Medical Association having terminated their anxious labors for the dignity and welfare of the profession, in their sixth annual meeting, held in this city yesterday afternoon, availed themselves of the fraternal and hospitable invitation of the medical faculty of New York, to enjoy a grand entertainment at Metropolitan Hall.

Our daily extended reports of the regular sessional proceedings of the convention, have already conveyed a pretty accurate idea of the venerable aspect, professional worth, and individual respectability, represented from every section of the American continent, in the Bleecker Street Presbyterian Church.

Yesterday's entertainment, however, was a finale worthy of the men who gave, and in every way worthy of the men who partook of it.

Since the arrival of the delegates in this city, the committee of Arrangement and Reception has been under the Presidency of Dr. F. Campbell Stewart, of New York, assisted by the following gentlemen, *viz*:

Drs. John G. Adams, James R. Wood, John Watson, W. Detmold, Jackson Bolton, Benj. Ogden, Wm. H Jackson, Edward L. Beadle, Henry D. Bulkley, John H. Griscom, Charles L. Gilman, Wm. H. Van Buren, George F. Woodward, Wm. Rockwell, Thomas Ward, Charles D. Smith, B. Fordyce Barker, Robert Watts, S. Conant Foster, J. W. G. Clements, Isaac E. Taylor, John O. Stone, George A. Peters, Jas. S. Cooper, Charles Herschel, Gurdon Buck, and Jared Linsley.

How they discharged their duties towards the press and public is already known. The medical faculty of this city, having determined upon receiving their brethren, entrusted the entire matter to their hands.

An entertainment in Metropolitan Hall was determined upon, at which the practitioners of the city and in the forest, the mountain and the prairie, the North and South, the East and West, and of all the districts and territories of our mighty confederation, could sit down and enjoy the hospitality of their brethren residing in the great Empire City of the whole.

The dinner took place at seven o'clock yesterday afternoon, in Metropolitan Hall. The guests were shown into the ample reception room immediately upon their arrival, and there a sectional committee attended to take charge of hats, cloaks, &c., which were duly deposited in numbered stalls.

From this they were shown to the main hall of the building, where the dinner was served up.

Upon entering we found the platform—familiarized to our eyes and ears by the personal bearing and artistic performances of Jenny Lind, Sontag, Alboni, and Julien—decorated by the most costly flowers and evergreens, of which a vast pyramid, capped with roses, occupied the centre. This floral arrangement, which had been entrusted to Mr. Thomas Dunlap, was most refreshing.

Immediately behind were seats for Dodsworth's Band, which attended in full force, and performed several magnificent airs during the evening.

From the platform to the door of entrance, the hall, the great space,

was divided by fourteen tables, extending in straight lines, which were covered with the most rare and exquisite delicacies. Immediately in front of the platform two long tables swept around, at which the members of the press were accommodated. Opposite to each guest there was placed a bill of fare, printed upon rich white satin, trimmed with a heavy border of azure blue. It is unnecessary to say that the tables "groaned with the weight of the feast," when we mention that soups, oysters, cold dishes, game, confectionary, ices, fruits, tea, coffee, &c., were served up in New York abundance.

The galleries were filled with ladies, who were admitted by ticket from the committee of Arrangements. When the dinner was served up, and the host of waiters and diminutive pages, dressed with turbans, in Eastern costume, were at their posts, the effect was almost overpowering. No assemblage in America, perhaps in the world, ever met combining so much moral worth, self-denial in the cause of humanity, disinterested exertion for the advancement of science, and a more thorough identity of educated alliance to our free institutions than this did.

The committee of Arrangements entered the hall, preceded by Dr. Stewart, and followed by the guests. Upon their entrance the band played

"A march from the opera of the Black Domino."

About seven hundred members followed, who were received by the courteous and inspiriting recognition of nearly five hundred ladies in the galleries.

Doctor Jonathan Knight, of Connecticut, President of the American Medical Association, took the chair. Immediately upon his right and left we observed the Hon. Judge Oakley, the Hon. the Recorder Tillou, Ex-Mayor Kingsland, Rev. Dr. Peet, Dr. J. W. Francis, Rev. Dr. Osgood, Peter Cooper, Esq., and many of our citizens most distinguished at the bar, upon the judgment seat, in the pulpit, and in the counting room.

The dinner was served up by Mr. J. J. Moffatt, of No. 579 Broadway, assisted by Mr. Pentin, having under their charge an army of waiters. The cost of this entertainment amountnd to from $500 to $25 each upon our New York doctors, a fact which we mention in order that our readers may have an idea of its grandeur. Towards the conclusion of the entertainment, a brace of doves flew from a monster pie placed upon one of the tables, and having hovered around the brilliant hall for a long time in search of a resting place, deposited the em-

blem of peace and harmony over the heads of a group of ladies in the hall, who were conducted to seats in the side aisle of the main hall, by Dr. Hayes, of Pennsylvania, amidst loud cheers.

After the carving of turkeys, ducks, wild fowl, lamb, roast beef, &c., had proceeded with an accuracy which must have been grateful to the manes of John Hunter, and when the doctors had arrived at that *spirituelle* elevation from which they could look down with professional contempt upon the "oxygenated bitters," and "nervous antidotes" of this morning, the intellectual and patriotic entertainments of the evening commenced.

The President then announced the first regular toast, as follows:

"The President of the United States"—(Air, Hail Columbia.)

When the cheering with which this was received, had subsided, the second was read:

"The Governor of the State of New York."

The third regular toast was:

"The American Medical Association—it has passed through the diseases of infancy with constitution unimpaired—a manhood of strength and usefulness awaits it."

This toast was responded to by Dr. Knight, who spoke substantially as follows:

It accords with my feelings to respond to the sentiment which you have proposed, although I wish the duty had been imposed upon those who are more capable of performing it. The medical faculty of this city have, since our arrival, treated us with the most liberal hospitality, and extended to us the open hand of brotherhood. Your hospitality has extended to us its generous care by night and by day; our paths have been strewed with the tokens of your kind consideration. Indeed, so full has been the enjoyment of the members, so powerfully has it been expressed, I had serious apprehensions lest this medical association should resolve itself into a permanent body and hold perpetual session in the city of New York. (Laughter and applause.) And I am sure now, after witnessing the sight presented to our view to-night, (looking at the ladies in the gallery,) that, whatever doubts I might have entertained, those apprehensions would ripen into certainty. I know not what the feelings of your good citizens might have been at this sudden visit of three or four hundred physicians, in addition to the number you have already here. I recollect very well that upon the taking of the

census of this city some years ago, the number of inhabitants was stated at 100,000, with possibly a proportion of 150 medical men; but with the increase of population to 500,000, or 600,000, there have been added some five or six hundred gentlemen of the profession. Notwithstanding what has been said of the medical profession of the present day, in publications, in private conversation, in reports to this or that learned body, I believe it has steadily advanced. It has been said that the medical profession has degenerated, but I believe it has progressed with all other sciences, and I have no hesitation in saying that the time will come when the labors of the physicians of the present day will be appreciated as their merits deserve. But it was not my intention to enlarge upon this, or any other subject. I arose merely, in the name of the Medical Association, to return you their kind acknowledgements for the liberal hospitality you have treated them with.

After the conclusion of Dr. Knight's remarks, the fourth regular toast was proposed:—

"Divinity, Law, Medicine—Three graces, all of which combined, support each other."

To this toast, Rev. Mr. Osgood responded, in a few brief and appropriate remarks.

He said that he learned when a boy to do as the doctor said, and he never forgot the old habit. But for the first time in his life, the doctor had got him into trouble, instead of helping him out of it. He spoke of the intimate relation between the professors of medicine and divinity, and illustrated his points by some amusing anecdotes. He ended by exhibiting the two professions as interpreters of the same heavenly mercy, and gave the following sentiment, after speaking of medicine as nature evangelized:—

"Medicine and Divinity—The two stood together in the beginning, when science was darkened by superstition; they shall stand nearer together at the end, when science and faith shall be recognized as different, but harmonious, aspects of the same divine wisdom and goodness."

In compliance with the general request, Judge Oakley arose, but merely returned his thanks for the honor which had been conferred on the profession of which he was a member.

Dr. Francis was next called out, and was received with repeated applause. He spoke in substance as follows:

Gentlemen, and Members of the Medical Association:—I don't know exactly upon what topic I shall address you. I believe the sen-

timent involves law, divinity and medicine. I am taken somewhat by surprise, and particularly when I look around this hall, and see this vast medical faculty. I wish that an individual of more potentiality had been called upon to respond to this toast; but as the matter is now before us, I may say that while I listened to the address of the Rev. Mr. Osgood, D. D., and of Judge Oakley, L. L. D, it appears that nothing but the subject of medicine is left for me. But I shall take up the whole three subjects—lawyers, divines, and doctors. I shall say very little on each, however. It is evident, Mr. President, that from the first organization of society; from the foundation of the first hamlet or village, down to the establishment of a mighty State like this, order must have obtained, or such a condition of things could not have existed. It must therefore be certain, that law existed, or order, or government, at a very early period. And I take it that the history of society shows that order, government, discipline, regulation, and preservation of law, is indispensable. Therefore, law exists with man from the beginning, and continues as he advances to that perfect state to which he is capable of arriving. Divinity is an inherent principle in man, for I contend that man, in his early state, is religious; and in his primordeal condition, was endowed with religious principles; and hence, I affirm, the religious principle is innate in man. Now that we have seen law well dispensed, we find religion engrafted on law, and that both these branches of profound science have always gone hand in hand. The history of eminent men abroad shows you the connection between law and divinity. But, gentlemen, there is another point to which I would call your attention. With the principles of law and religion, we find, in the earliest state of society, men practicing medicine; the priest and prescriber went hand in hand together; and hence, law, physic and divinity, are one harmonious trinity.

After a few further remarks, Dr. Francis concluded by paying a compliment to Dr. Wellford, late President of the Association, and proposed, as a toast, his health and prosperity.

After his health was drank, Dr. Wellford returned his thanks, and responded to the toast in a brief and appropriate speech:

"Union—Upon it depends the safety of individuals, the strength of States, the existence of nations. The physicians of America, will always be found among its warmest supporters."

The next toast was as follows:

"The Union of Science and Literature.—A happy marriage, the fruits

of which are no where seen to a better advantage than in our American Holmes."

To this, Dr. Wendell Holmes responded, by reading a humerous and witty poem which he had prepared for the occasion, and which excited considerable merriment among the company.

The next toast was—

"Woman—Who so well as the physician can appreciate her varied excellence!"

The following day an excursion was made to the Public Charities in the neighborhood of the city, for a description of which we are again indebted to a New York paper:

THE PHYSICIANS' VISIT TO THE ISLANDS.

Yesterday the medical guests of the City Physicians' surrendered themseves into the hands of the Committee, headed by Dr. Griscom. According to arrangement they met—a goodly number of them—at Pier No. 3, North River, on board the steamer Hero, at 9 A. M., and were speedily under way. As to the weather, it was the best the day afforded—cloudy, but that prevented the glare of the sun on the water, which is so annoying to gentlemen from the interior,—cold, but that obviated the unpleasant heat of the first of the week,—rainy, but nearly half of them had umbrellas,—muddy under foot, but at least a dozen pair of rubbers were in the company. Having cruised about the harbor from Weehawken to Fort Hamilton for a couple of hours, the little steamer called at the foot of Grand street, took on an additional number,—mostly of those who had made their morning calls, prescribed the pills and potions, and pocketed the fees of the day,—and off they started for the islands. They called at Ward's Island and under the escort of Dr. Cox noticed the various forms of disease abundantly presented in the Emigrants' Hospital.

They stopped longer at Randall's Island, where the simple songs of the children, the exercises of the school, and the thought of the utter loneliness which once in a while must break in upon the young hearts of these little outcasts, deeply affected their visitors. Dr. Worthington Hooker and Dr. Charles Hooker, both addressed the little ones in an appropriate strain.

Here it was found necessary to levy liberally upon the sandwiches and their collaterals, to satisfy the cravings of the inner man. On board again, it was deemed wise to dip pretty largely into the pickled oysters and eat heartily of the cold turkey, for fear of a lack of strength to endure the dinner in prospect.

Landed at Blackwell's Island, some took to the Penitentiary, some to the Lunatic Asylum, some visited the Work-houses, and some hurried through the Hospital-wards with Dr. Kelly, catching rapt glances of beautiful specimens of ulcers and of physical deformity; a

seemingly infinite variety. Each one wandered according to his taste. It would have done you good to have seen them wading through the mud in prosecution of said wanderings. Men from the country as they forded it talked naturally of subsoiling, and citizens consoled themselves with thinking how the walking must be in Broadway, if it was so bad in the green and beautiful country. How the ladies—quite a large number of them accompanied the party, and by their presence made the darkness of the sky tolerably light, and the mud on their boots less intolerably weighty—how the ladies managed to get through at all was a marvel. They all did get through, however, in time to grace the tables which reached the whole length of the new Workhouse Hall, when 4 o'clock, the hour for dinner, arrived. The dinner was good, and things took such a turn that speech-making came "mighty easy" in its season. Stirring addresses, principally regarding the ethics of the profession, were made by Dr. F. Campbell Stewart, Dr. Stone, Dr. James Wood, Dr. Atlee, Dr. Griscom, and Mr. West, the President of the Board of Governors, who presided. With three cheers for the Governors, whose guests the company were, and three for the Committee of Arrangements, who planned so excellently every thing but the weather, an adjournment was taken. Escorted by the boys in excellent style and time the company took to the boat. A meeting was here organized, Dr. Worthington Hooker called to the chair, and Dr. Gooch made Secretary. Resolutions of thanks to the Ten Governors and to the Committee of Arrangements, were adopted, and, at 6½ o'clock, the landing at the foot of Grand street was effected.

The hospitality of the physicians and citizens of New York did not stop with the superb banquet at Metropolitan Hall, and the festivities attendant upon this pleasant excursion. Houses were open to the members of the Association every evening, and New York seemed resolved to show that warm hearts were not confined to the South. On successive evenings the Association was entertained by Ex-Governor Fish, Ex-Mayor Kingsland, Prof. Parker, Dr. Isaac Wood, Dr. James R. Wood, Dr. Cammann, Dr. Cheeseman, Dr, John Watson, Prof. Green, Dr. Lewis Sayre, Dr. Detmold, and other eminent physicians.

The Committee of Arrangements discharged their duty admirably. Everything was tastefully and judiciously arranged, and the impression left upon the minds of all the members must have been, that if any future meeting of the Association ever equals, it is impossible that one can ever surpass in interest the meeting at New York.

We shall look with impatience for the next volume of transactions, which will embrace some of the best papers ever called forth by the Association.

In reviewing these proceedings the reader will not fail to observe, that legislation formed but a small part of the business of the meeting, and that all the radical changesin the constitution proposed a year ago were in definitely postponed. There seemed, indeed, not much disposition to discuss these amendments, or to enter the wide fie'd of medical politics. The members had met to recieve scientific reports, to advance medical science, to interchange friendly greetings, to cement the bonds of professional brotherhood, and to enjoy New-York. For ourselves, we have to express our perfect and entire satisfaction with the result; we do not believe the meeting could have been occupied with worthier objects. But not so does it appear to many of our brethren, who, if they cannot have legislation, are not willing to accept of anything. The amendments of the constitution, in their view, were the great objects before the meeting, and these having failed, all has failed. To their minds, the Association is a potent law-making body, and its vocation is, especially, to regulate the medical schools of the country. The scientific reports of committees, the prize essays, the social influences of the Association, its liberalizing, elevating tendencies, all pass with them for nothing so long as it neglects to prescribe a course of conduct for the schools. To them, the profession seems to be running down, and nothing but a regulation of the schools by the Association can save it.

We were gratified to perceive, as we think we did, that these views are not as prevalent as they were at some of the earlier meetings of the Association. They have always struck us as unjust and visionary. The evils complained of have but slight foundation in fact, and even if real the remedies proposed for them are impracticable. We believe, with the amiable, learned, and accomplished President of the Association, that the profession "has steadily advanced." It was never so skilful, devoted, and efficient as now, and never enjoyed more of the public esteem. The Association will impel it forward in the right course, not by regulating the med cal schools, but by infusing into it a higher tone, and stimulating the pride and industry of its members.

MEDICAL LETTERS FROM PARIS.

We publish, in this number, the first of a series of letters from Paris, for which we are indebted to our friend, Prof Gross. Dr. Williams, the writer, is a graduate of the University of Louisville, a young gen-

tleman of fine mind, great application, and genuine love of his profession. "It is exactly six months to-day," he says in a letter to Prof. G., "since I arrived in this capital, and I need not say to you, that I have not been idle. The first three months I devoted almost exclusively to the study of the French language, visiting La Charité, or some other hospital, every other morning, and afterwards listening to the clinical lecture. At the end of three months, I began to understand the lectures very well, and now have no difficulty on that score. I believe there are few persons coming to Paris wholly ignorant of the language who get to understand it in a shorter time than I have done; no one, I am sure, ever devoted himself to the study of it with more obstinate perseverance. I never could imbibe languages or science from the atmosphere; everything I learn comes by dint of hard and untiring study."

Dr. Williams expects to remain twelve or eighteen months longer in Paris, and we hope to lay many of his interesting letters before our readers.

APPOINTMENTS AND CHANGES IN MEDICAL SCHOOLS.

The chair of Anatomy in the University of Pennsylvania, vacated by the death of Prof. Horner, has been filled by the appointment of Dr. Joseph Leidy, who completed the anatomical course in that school, last winter, after the failure of Prof. H.'s health. Dr. Leidy has no superior in our country as a scientific anatomist. He has evinced a strong taste for comparative anatomy, and his labors in that department have already conferred upon him a high reputation. We rejoice in the promotion of a young man who, as in this instance, is wholly indebted for his success to his talents, and unflinching industry.

Dr Clymer has resigned the chair of Theory and Practice of Medicine in the University of New York, and is succeeded by Dr. Swett, of that City. This appointment cannot fail to give satisfaction to the profession of the metropolis, and will be hailed by its members abroad as a measure calculated to strengthen the school. Dr. Swett is one of the "solid" men of the medical, profession, skilful and learned in practical medicine, whose teachings will be received by his pupils as the result of matured experience, and patient, discriminating observation at the bed side.

Dr Willis G. Edwards has been compelled by declining health to re-

sign the chair of Clinical Medicine and Pathological Anatomy in the University of St. Louis. Dr John B. Johnston, who, for a number of years, has been connected with the University of Missouri, is his successor. Dr Gratz. Dr. Moses. and Dr Barnett, have also resigned their places in the University of Missouri, and are succeeded by Dr Barnes. Dr Kavanaugh, and Dr Deming. The chairs of Anatomy and physiology, heretofore connected in that school with other chairs, have been erected into distinct professorships, and Dr John Hodgen, and Dr Payton Spencer elected to them.

Prof. Rogers, and Prof. J. Lawrence Smith have resigned their chairs in the University of Virginia.

At the time that Prof. Austin Flint was elected to the chair of Theory and Practice of Medicine in the University of Louisville, he held the corresponding chair in the University of Buffalo, and during the last winter and spring delivered a full course of lectures in both institutions. He has recently resigned his professorship in the latter. Prof. F. will unite with his colleagues in the October course of lectures in the University of Louisville.

HEALTH OF LOUISVILLE.

Up to this time, (22d of June) the city remains almost entirely exempt from the complaints of hot weather, although the temperature has been remarkably high for the season. Several days this month the termometer in the shade has risen to 95 degrees, which is a good deal higher than ever we saw it before in June. An exceedingly severe drought is now prevailing. For more than five weeks scarcely any rain has fallen. Some cases of erysipelas have occurred in the city. Cholera excites no apprehensions, and is not heard of in any of the States. We hope it is gone from our country. It has afflicted us as long since its second visitation as it did when epidemic here before, and having, in so many instances, conformed to the course which it then pursued, we may hope that in this particular also it will not depart from it.

DR. MARSHALL HALL.

This distinguished physician visited our city a month since and gratified a number of our professional brethren by performing in their pre-

sence a series of experiments to illustrate the functions of the spinal cord, of which our readers have been informed by our correspondent, Dr. Wible. We were absent from the city at the time and consequently had not the pleasure of witnessing these experiments. Dr. Hall has been pressed by his friends to return to Louisville in the autumn or winter, to deliver a course of lectures on the physiology and pathology of the Spinal System, and, we trust, will gratify their wishes.

CHLOROFORM IN LABOR SANCTIONED BY ROYAL EXAMPLE.

For the following medical news we are indebted to the Dublin Medical Press.

In the recent accouchment of Her Majesty, the queen of Great Britain, chloroform was administered by Dr. Snow, its employment having been sanctioned by Her Majesty's physician in ordinary, Sir James Clark; Her Majesty's first physician-accoucheur, Dr. Locock; and Her Majesty's other physician accoucheur, Dr. Ferguson. The Association Med. Jour. states that the queen expressed herself as grateful for the discovery of this means of alleviating pain; and adds that "the responsible position and acknowledged skill of the physicians who sanctioned the inhalation of chloroform, the royal majesty of the patient, and the excellence of her recovery, are circumstances which will probably remove much of the lingering professional and popular prejudice against the use of anæsthesia in midwifery, even when sanctioned by competent authority, and induced with requisite precaution. It is for this reason that we chronicle the recent accouchment of Her Majesty as an event of unquestionable medical importance."

BUFFALO MEDICAL JOURNAL.

This excellent journal, for the monthly appearance of which we always look with interest, has just entered upon its ninth year. Dr. Austin Flint, who has conducted it with so much ability hitherto, is to be assisted in its editorial management hereafter by Dr. S. B. Hunt. We are glad to learn that "the present condition of the Journal is sufficiently prosperous to meet the views of its proprietors, and to secure its continuance."

DEATH OF DR. BEAUMONT.

Dr. William Beaumont, known universally for his experiments on digestion, died at St. Louis, on the 25th of last April, in the 68th year of his age. He was born in Connecticut in the year 1785, and for nearly one third of his life was a member of the Medical Staff of the Army of the U. S. He is described by those who enjoyed his personal acquaintance as a man of noble moral qualities. On the occasion of his death resolutions respectful to his memory were adopted by the medical profession in St. Louis. The circumstance to which Dr. Beaumont owes his wide celebrity is the wound in the abdomen of his patient, Alexis St. Martin, which enabled him to perform a most interesting and instructive series of experiments in reference to the process of digestion.

This young man, a Canadian 18 years of age, recieved a charge of buckshot in his left side, which carried away the integuments and muscles, fracturing some of the ribs, lacerating the diaphragm and lungs, and perforating the stomach. The food which he had taken at breakfast was escaping through the aperture when Dr. Beaumont saw him half an hour after the accident. The wound was received on the 6th of June, 1822, and in a year, after exfoliation of ribs, many abscesses, and great suffering, the extensive injury was nearly repaired, but a perforation leading into the stomach remained, two inches and a half in circumference. His food escaped from the stomach by this aperture for some time, but eventually a fold of the inner coats of the organ formed a valve which remedied this evil, but the valvular formation was easily depressed by the finger, allowing the food to be extracted at pleasure. He became, in the end, active, athletic, and hearty, indulging his appetite like persons in perfect health. Dr. Beaumont instituted a great number o experiments on the function of his stomach thus laid open to view, which every writer on physiology since that time has noticed. At a later period, Prof. Dunglison repeated many of these experiments, and the results are given in his works on Physiology and Hygiene. From these observations on this singular case may be said to date our precise knowledge in regard to the nature of digestion. The researches of Dr. Beaumont were conducted with judgment and care, and form a body of facts which will always hold their place in physiological science, and connect with it his name as a fortunate investigator.

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UNIVERSITY OF LOUISVILLE.

MEDICAL DEPARTMENT.

The Lectures in this Department will commence on the last day of October next and terminate on the last of February.

CHARLES W. SHORT, M. D., Emeritus Professor of Materia Medica and Medical Botany.
BENJAMIN R. PALMER, M. D., Professor of Descriptive and Surgical Anatomy.
LUNSFORD P. YANDELL, M. D., Professor of Physiology and Pathological Anatomy.
SAMUEL D. GROSS, M. D., Prof. of the Principles and Practice of Surgery.
HENRY MILLER, M. D., Professor of Obstetric Medicine.
LEWIS ROGERS, M. D., Professor of Materia Medica and Therapeutics.
BENJAMIN SILLIMAN, Jr., M. D., Professor of Medical Chemistry and Toxicology.
AUSTIN FLINT, M. D., Professor of the Theory and Practice of Medicine.
T. G. RICHARDSON, M. D., Demonstrator of Anatomy and Director in Pathological Anatomy.
EDWARD FULLER, Janitor.

The fee for admittance to the Lectures of each Professor is $15. ($105, in all.) payable invariably in advance. Matriculation and Library fee together, $5. Graduation fee, $25. Practical Anatomy and Dissection, $10—ticket to be taken at least once before graduation. Rooms open from 1st October.

A preliminary course of lectures, free to all students, will be delivered during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital. Ticket $5, to be taken once before Graduation.

A Clinique has also been established in connection with the University, at which operations are performed and cases prescribed for and lectured upon in presence of the class.

☞ Good boarding can be procured at from $2 50 to $3 a week.

L. P. YANDELL, M. D.,
Dean of the Faculty.

May 1853.—6m.

STARLING MEDICAL COLLEGE,

COLUMBUS, O.

SESSION OF 1853-4.

The regular Course of Lectures in this Institution will commence on Monday, the last day of October next, (Oct. 31st, 1853,) and continue four months.

The PRELIMINARY COURSE will commence on Monday, the 17th of October, and continue to the commencement of the Regular Session.

During the latter course, the following subjects will be taught:

Diseases of the Eye	PROF. HOWARD.
Insanity	" SMITH.
Physiology of Reproduction	" CARTER.
Microscopical Anatomy	" PADDOCK.

The above course is free to all Matriculants.

FACULTY.

R. H. PADDOCK, M. D., Professor of Anatomy and Physiology.
RICHARD L. HOWARD, M. D., Professor of Surgery.
SAMUEL M. SMITH, M. D., Professor of the Practice of Medicine.
FRANCIS CARTER, M. D., Professor of Obstetrics and Pathology.
CHARLES A. LEE, M. D., Professor of Materia Medica and Medical Jurisprudence.
FREDERICK MERRICK, M. D., Professor of Chemistry.
C. C. PARKER, M. D., Demonstrator of Anatomy.

FEES.

Lectures	$60 00	Graduation	$20 00
Matriculation	3 00	Dissecting Ticket	5 00

Weekly Clinical Lectures will be delivered, and Surgical Operations performed before the class, upon cases derived from the College Hospital, and from Private Practice.

Letters addressed to the Dean, or any Member of the Faculty, will be promptly answered.

June, 1853.—3m. S. M. SMITH, Dean of the Faculty.